

## 1 FEDERAL TRADE COMMISSION

## 2 I N D E X (PUBLIC RECORD)

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4 WITNESS: DIRECT CROSS REDIRECT RECROSS

5 Halvorsen 3899 (US) 4004 4059 (US) 4065

6 3997 (SP)

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8 EXHIBITS FOR ID IN EVID

9 Commission

10 None

11 Schering

12 SPX 331 3942

13 SPX 1096 3920

14 Upsher

15 Number 189 3978

16 OTHER EXHIBITS REFERENCED PAGE

17 Commission

18 CX 714 3930

19 CX 880 4038

20 CX 881 4041

21 CX 868 4034

22 CX 917 3939

23 CX 962 4050

24 CX 1023 3971

25 CX 1043 3933

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1	Commission	
2	CX 1090	3952
3	Schering	
4	SPX 250	4048
5	SPX 331	3941
6	SPX 1096	3920
7	Upsher	
8	USX 189	3976
9	USX 281	3940
10	USX 329	3926
11	USX 342	3960
12	USX 361	3980
13	USX 538	3966
14	USX 727	3979
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25	USX 1260	3990

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1	Upsher	
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FEDERAL TRADE COMMISSION

In the Matter of: )  
SCHERING-PLOUGH CORPORATION, )  
a corporation, )  
and )  
UPSHER-SMITH LABORATORIES, ) File No. D09297  
a corporation, )  
and )  
AMERICAN HOME PRODUCTS, )  
a corporation. )  
-----)

Friday, February 15, 2002

9:30 a.m.

TRIAL VOLUME 17

PART 1

PUBLIC RECORD

BEFORE THE HONORABLE D. MICHAEL CHAPPELL

Administrative Law Judge

Federal Trade Commission

600 Pennsylvania Avenue, N.W.

Washington, D.C.

Reported by: Susanne Bergling, RMR

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1 P R O C E E D I N G S

2 - - - - -

3 JUDGE CHAPPELL: Good morning, everyone.

4 ALL COUNSEL: Good morning, Your Honor.

5 JUDGE CHAPPELL: Back on the record, 9297.

6 Who's first?

7 MR. NIELDS: Your Honor, the witness for today  
8 will be Dr. Halvorsen. He's an Upsher witness. As I  
9 think I mentioned earlier, Mr. Audibert will be here  
10 Tuesday to go forward with the Schering case.

11 I wanted to raise a -- briefly an issue the  
12 parties have been talking about if I may, Your Honor.

13 JUDGE CHAPPELL: Okay.

14 MR. NIELDS: We have had some preliminary  
15 discussions of scheduling, particularly in light of the  
16 Court's remarks to us on a couple of occasions. There  
17 are -- we're concerned, because there are -- when you  
18 take the Schering witnesses remaining, the Upsher  
19 witnesses and the rebuttal witnesses of complaint  
20 counsel, there are quite a few, and we have had very  
21 preliminary conversations about ways of trying to  
22 streamline that proof so that it would consume less  
23 time.

24 We haven't reached anything definitive yet, but  
25 we plan to have further conversations over the weekend

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1 and then to make a report to the Court on Tuesday  
2 morning before we begin about just exactly how we think  
3 we can proceed and how long it will take, and hopefully  
4 it will be a good report, but it will be the best  
5 report we can agree on.

6 JUDGE CHAPPELL: Okay. Is that -- what kind of  
7 possibilities are you looking at, offering -- offering  
8 depositions instead of live or -- or is it too early to  
9 know?

10 MR. NIELDS: That sort of thing, Your Honor.  
11 We haven't yet agreed on a format, and maybe we won't  
12 be able to, but we are going to earnestly try to do  
13 that. We are also obviously going to look to see what  
14 witnesses we think we can drop on the grounds that  
15 their testimony may not be absolutely essential, but  
16 we're going to try to find ways of abbreviating the  
17 amount of in-court time if we can do it in a way that  
18 the parties find is comfortable.

19 Obviously everybody needs to be able to put  
20 into the record what is essential to their case, but we  
21 are going to work very hard to see if there are ways of  
22 doing that without consuming unnecessarily in-court  
23 time.

24 JUDGE CHAPPELL: Right, and just keep in mind  
25 that I don't need three or four people to tell me the



1 same thing. It's not like an intersection collision  
2 where everybody has the light a different color. Just  
3 keep that in mind.

4 MR. NIELDS: Yes, we will.

5 JUDGE CHAPPELL: Okay, thank you, Mr. Nields.

6 MR. NIELDS: Thank you, Your Honor. Oh, and I  
7 will also be able to report to the Court on Tuesday  
8 definitively whether the 25th works for me. I'm very  
9 optimistic that it will, but I still haven't been able  
10 to reach my client during the hours in which I've been  
11 in my office.

12 JUDGE CHAPPELL: Okay, and I have -- on the  
13 25th, I have set another hearing at 3:30, but we can go  
14 most of the day on the 25th.

15 MR. NIELDS: Okay, thank you, Your Honor.

16 MR. CURRAN: Your Honor, at this time  
17 Upsher-Smith calls Mark Halvorsen, and my colleague  
18 Peter Carney will be handling the direct of this  
19 witness.

20 JUDGE CHAPPELL: Thank you.

21 Please raise your right hand.

22 Whereupon--

23 MARK B. HALVORSEN  
24 a witness, called for examination, having been first  
25 duly sworn, was examined and testified as follows:

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1 JUDGE CHAPPELL: Thank you, have a seat.  
2 State your full name for the record, please.

3 THE WITNESS: Mark Benson Halvorsen.

4 JUDGE CHAPPELL: Thank you.

5 MR. CARNEY: Good morning, Your Honor.

6 JUDGE CHAPPELL: Good morning.

7 DIRECT EXAMINATION

8 BY MR. CARNEY:

9 Q. Mr. Halvorsen, by whom are you employed?

10 A. Upsher-Smith Laboratories.

11 Q. And what is your position at Upsher-Smith?

12 A. I'm the director of clinical and regulatory  
13 affairs.

14 Q. In that position, did you have responsibility  
15 for the clinical development of Niacor-SR?

16 A. Yes, I did.

17 Q. Could you describe, please, your post-high  
18 school education?

19 A. Went to the University of Minnesota, and I  
20 received my BS in chemistry in 1987, a BS in pharmacy  
21 in 1990, and my doctor of pharmacy in 1991.

22 Q. Did you do any internships or residencies as  
23 part of that education?

24 A. I did a post-doctoral fellowship at  
25 Hoffman-LaRoche in New Jersey.

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1           Q. When did you first start working at  
2           Upsher-Smith?

3           A. In May of 1993.

4           Q. Could you list, please, the positions you've  
5           held at Upsher-Smith and the approximate dates of those  
6           positions?

7           A. I started at the company as clinical research  
8           and medical affairs coordinator. I was in that  
9           position for a little over a year. Then I became the  
10          clinical projects manager. I was in that position for  
11          approximately two years. Then I became the manager of  
12          clinical and regulatory affairs. I was in that  
13          position about three years. And then I came into my  
14          current position, the director of clinical and  
15          regulatory affairs.

16          Q. As clinical research and medical affairs  
17          coordinator and then as clinical projects manager, what  
18          were your responsibilities?

19          A. My primary responsibilities were to oversee the  
20          clinical trials at Upsher-Smith and specifically  
21          Niacor-SR.

22          Q. And then as manager and as director of clinical  
23          and regulatory affairs, what were your  
24          responsibilities?

25          A. Became more of oversight, where I had oversight

1 over the clinical and the regulatory departments.

2 Q. During your tenure at Upsher-Smith, have you  
3 been involved with preparing new drug applications or  
4 NDAs?

5 A. Yes, I have.

6 Q. And have you been involved with filing  
7 abbreviated new drug applications or ANDAs?

8 A. Yes, I have.

9 Q. For which drugs have you worked on ANDAs?

10 A. For ANDAs, I have worked on Klor Con M,  
11 pentoxifylline, Prevalite, Pacerone, Sotalol, a few  
12 more as well.

13 Q. And these are all Upsher-Smith products?

14 A. Yes, they are.

15 Q. Can you explain generally what Niacor-SR is?

16 A. Niacor-SR is a sustained release formulation of  
17 niacin, meaning it releases niacin over a period of  
18 time, a gradual release of niacin.

19 Q. What physical condition is niacin used to  
20 treat?

21 A. Hypercholesterolemia or excessive lipids  
22 basically.

23 Q. As part of your work at Upsher-Smith, did you  
24 have different priorities for projects that were under  
25 your aegis?

1 A. Yes.

2 Q. And when you started at Upsher-Smith, what  
3 project was your top priority?

4 A. Number one project was Niacor-SR.

5 Q. And approximately what percentage of your time  
6 was dedicated to Niacor-SR?

7 A. Eighty to 90 percent of my time.

8 Q. And do you know approximately what percentage  
9 of Upsher-Smith's clinical research budget Niacor-SR  
10 accounted for for the period of 1993 to 1998?

11 A. Probably about the same percentage, 80 to 90  
12 percent.

13 Q. Do you know how much Upsher-Smith spent on  
14 Niacor-SR by the end of the second quarter of 1997?

15 A. Approximately \$13 million.

16 Q. And do you know how that compares to what  
17 Upsher-Smith spent on other clinical research projects  
18 as of that time?

19 A. That was more than double all of the other  
20 projects combined.

21 Q. As director of clinical research, do you know  
22 why Upsher-Smith was so committed to developing  
23 Niacor-SR?

24 MS. BOKAT: Objection, Your Honor, leading.

25 JUDGE CHAPPELL: Overruled. He's not

1 suggesting a yes or no.

2 Go ahead.

3 THE WITNESS: Niacor-SR was a very important  
4 product to us, and we saw it as a great opportunity to  
5 expand our sales in an extremely large market of  
6 cholesterol-lowering drugs.

7 BY MR. CARNEY:

8 Q. Why did you see it as a great opportunity?

9 A. It really fit an unmet need. Niacin affects  
10 all of the lipid parameters. If you look at it, it  
11 lowers LDL, it lowers triglyceride, it's one of the  
12 only drugs to lower Lp(a), and it increases HDL. So,  
13 as a group, there is -- it's a unique product.

14 Q. Have any of Upsher-Smith's clinical trials for  
15 Niacor-SR involved treating patients with statins?

16 A. Yes.

17 Q. And how are the statins involved in those  
18 trials?

19 A. We had as part of our -- one of our studies,  
20 the 944 study, we had 18 weeks of combination therapy  
21 with lovastatin and Niacor-SR.

22 Q. And based on your experience with niacin and  
23 statins, how does niacin compare or stack up to a  
24 statin?

25 A. Statins focus on LDL lowering, what people call

1 the bad cholesterol. They're very good for that, and  
2 niacin cannot compete with their LDL lowering, but  
3 niacin increases HDL, which the statins do very little,  
4 they significantly reduce triglyceride and  
5 significantly reduce Lp(a). So, it's a give and take.  
6 You have statins are extremely good for LDL, and niacin  
7 is extremely good for other parameters.

8 Q. What is Lp(a)?

9 A. It's a molecule, it's lipoprotein A, that's  
10 very similar to LDL, which is considered the bad  
11 cholesterol, and in recent literature, it's been shown  
12 to be an independent risk factor for atherosclerosis or  
13 coronary artery disease.

14 Q. During your time at Upsher-Smith, has  
15 Upsher-Smith developed or sold any other niacin  
16 products besides Niacor-SR?

17 A. Yes, we have.

18 Q. What products are those?

19 A. Niacor, Niacor-B3 and Slo-Niacin.

20 Q. Do you know when Upsher-Smith first started  
21 selling niacin products?

22 A. Before I arrived at the company in '93.

23 Q. And what is Niacor-B3?

24 A. That's a dietary supplement, immediate release  
25 niacin product.

1 Q. And what is Niacor?

2 A. Niacor is a prescription immediate release  
3 niacin product.

4 Q. And what is Slo-Niacin?

5 A. Slo-Niacin is a dietary supplement, sustained  
6 release niacin product.

7 Q. Do you know how long Upsher-Smith has been  
8 selling Slo-Niacin?

9 A. Again, since before I arrived at Upsher-Smith.

10 Q. Based on your experience with the Niacor-SR  
11 clinical trials, how does Niacor-SR compare to Niacor  
12 or immediate release niacin?

13 A. Could you repeat that?

14 Q. I'll try, yeah.

15 Based on your experience with the clinical  
16 trials of Niacor-SR, how does Niacor-SR compare in  
17 terms of effectiveness as compared to immediate release  
18 niacin?

19 A. The lipid parameters are slightly different  
20 for -- plus or minus on the five basic parameters, but  
21 essentially cholesterol lowering is the same.

22 Q. And if Upsher-Smith already had an immediate  
23 release niacin product, why was it looking at a slow  
24 release niacin product?

25 A. Well, you really want to eliminate a nuisance



1 adverse event called flushing. Flushing, if I can  
2 describe it, it's a warm feeling, for example, when  
3 you're embarrassed, when you feel your face flush and  
4 you get warm, a little tingling in your peripheral  
5 circulatory. It's just something that people  
6 considered to be a nuisance.

7 Q. Is it dangerous, flushing?

8 A. No.

9 Q. In connection with its development of niacin  
10 products, has Upsher-Smith taken any special steps to  
11 develop or promote niacin products?

12 A. Yes. Upsher-Smith has been wonderful prior to  
13 my arrival and when I arrived at the company in  
14 allowing us to go out and work directly with  
15 international experts in cholesterol-lowering therapy.  
16 If you look across the statins and the investigators  
17 that they used, we used the same people. We were able  
18 to bring in a blue ribbon panel of experts for the  
19 Niacin Advisory Board.

20 Q. Now, you mentioned your involvement with the  
21 clinical testing of Niacor-SR. What was your  
22 involvement with it?

23 A. My involvement with Niacor-SR started from day  
24 number one, working on the individual studies, going  
25 forward, working with all of the clinical

1 investigators, working with the CROs. I was in charge  
2 of all of the Niacor-SR activities related to clinical.

3 Q. You mentioned a CRO. What's a CRO?

4 A. That's a contract research organization that --  
5 it's a group that pharmaceutical companies hire to  
6 out-source work.

7 Q. And why are they hired for out-sourcing?

8 A. It's real hard to have a full staff to perform  
9 all of the activities that are in place, and it's just  
10 as easy to -- and the same cost to work with a CRO and  
11 not have the head counts internally.

12 Q. How many clinical tests did Upsher-Smith do for  
13 Niacor-SR?

14 A. We had two phase III pivotal trials and two  
15 follow-on studies.

16 Q. Just if you could explain what phase III is.

17 A. Phase III is the last phase of clinical  
18 development for gaining approval of a drug product from  
19 FDA.

20 Q. And on what kind of subjects is phase III  
21 testing done?

22 A. Phase III is on the large expanse of general  
23 patients that have the disease state you want to treat.

24 Q. And you said there were two pivotal clinical  
25 tests. Is there a way you refer to those tests?

1           A. We refer to them as -- by the study number, the  
2 placebo controlled trial was the 221 study, and the  
3 active control trial was the 115 study.

4           Q. And then I think you mentioned two follow-on  
5 studies. Is there a shorthand for referring to those  
6 studies?

7           A. Again, the numbers. The follow-on to the  
8 placebo control was the 837 study, and the follow-on to  
9 the active control trial was the 944.

10          Q. Could you just briefly explain what a pivotal  
11 clinical study is?

12          A. A pivotal study is the real basic study that  
13 FDA relies upon for approval. At this point in time,  
14 FDA required two pivotal trials to approve a drug  
15 product, so it was the primary studies that would be  
16 reviewed for approval.

17          Q. And does the FDA regulate those pivotal  
18 studies?

19          A. Absolutely.

20          Q. And what is a follow-on study?

21          A. A follow-on study is to get longer exposure to  
22 the medication that you're testing. You like to have  
23 long-term exposure to show that something doesn't occur  
24 the longer someone is on a drug.

25          Q. Now, for Niacor-SR, approximately how many

1 patients were involved in the two pivotal tests?

2 A. Approximately 900 patients were in the pivotal  
3 trials.

4 Q. And about how long did these pivotal studies  
5 take?

6 A. An average of 33 weeks.

7 Q. And that's just the patient treatment phase or  
8 in all?

9 A. Oh, that's just the patient treatment period.

10 Q. And when did the last patient finish with  
11 treatment in the pivotal studies?

12 A. In the pivotal studies, the last patient  
13 completed treatment in October of 1995.

14 Q. And about how many patients participated in the  
15 two follow-on studies?

16 A. Approximately 300.

17 Q. And do you know when the last patient completed  
18 treatment in the follow-on study?

19 A. The last patient completed in the follow-on  
20 studies in July of '96.

21 Q. Now, what's involved in the patient treatment  
22 phase of a clinical study?

23 A. There's a lot that's involved in the clinical  
24 treatment phase. You have your physician  
25 investigators. You have your patients. You have a

1     laboratory that has to run the test, such as in this  
2     case the lipid parameters. We have a dietary analysis  
3     group, because diet is very important to cholesterol  
4     lowering. We have a contract research organization  
5     that we work with to make sure all of the information  
6     collected is accurate and is on our data collection  
7     forms.

8           Q. About how many physicians were involved in the  
9     clinical studies?

10          A. We had six well-renowned physicians in the 221  
11     study and 15 in the 115 study.

12          Q. And how did Upsher-Smith select or did it  
13     select the physicians for the clinical studies?

14          A. Oh, yes, Upsher-Smith definitely selected these  
15     physicians.

16          Q. And how did Upsher-Smith select them?

17          A. We really looked at their credentials within  
18     the lipid-lowering field and how they -- their  
19     involvement and credentials I guess are the bottom  
20     line. We went to some of the international experts in  
21     the field, and one of them is in our home town. Dr.  
22     Donald Hunninghake at the University of Minnesota is  
23     internationally known for his expertise in  
24     lipid-lowering therapy. We used Dr. Richard Pasternak  
25     from Mass General; Dr. Virgil Brown at Emory

1 University; and several other experts.

2 Q. And where were these clinical studies  
3 conducted?

4 A. Throughout the United States.

5 Q. Do you know approximately at how many locations  
6 they were conducted?

7 A. Each one had their own individual site, so the  
8 six centers in the 221 and 15 in the 115 study.

9 Q. Do you know approximately what it costs  
10 Upsher-Smith to do such clinical studies?

11 A. Yes.

12 Q. For Niacor-SR, do you have a sense of what it  
13 cost?

14 A. To put it in perspective, the 115 study alone,  
15 the treatment period to just treat all of the patients,  
16 was \$3.3 to \$3.5 million.

17 Q. And that's just the 115 study?

18 A. That is correct.

19 Q. What does that \$3 and a half million include?

20 A. It covers the costs for the groups I mentioned  
21 previously, the physician investigators, the  
22 laboratory, the nutritional analysis and the contract  
23 research organization to make sure the data is  
24 collected properly.

25 Q. And did you have similar kinds of expenses in

1 the other three studies?

2 A. Yes, we did.

3 Q. Now, once the last patient had finished the  
4 follow-on study -- what did you say the date was for  
5 that?

6 A. The last patient completed the follow-on study  
7 in July of '96.

8 Q. Okay. Now, once the patients are done with  
9 that treatment, does that mean that the clinical work  
10 for an NDA is done at that time?

11 A. No.

12 Q. What remains to be done after the patients have  
13 all completed treatment?

14 A. There's actually a significant amount of work,  
15 it's just a different type of work. What you do is you  
16 take those data forms or case report forms, and they  
17 are put into a database. All of the data is checked to  
18 make sure it's accurate, such as you do some automatic  
19 checks. All female patients have a pregnancy test,  
20 things like that to make sure that database is clean.

21 Once you've got all of that entered into a  
22 computer database and cleaned, the database is locked.  
23 Then it --

24 Q. Okay. What -- once the database is locked, are  
25 you done at that point?

1 A. No.

2 Q. What else is necessary?

3 A. You continue on with statisticians, and you put  
4 together the programming for getting your results back  
5 the way you'd like to see them in data tables, and then  
6 after all of that is in place and you've audited those  
7 data tables, you write your clinical study report,  
8 which is the final activity.

9 Q. So that the data study reports are based on the  
10 data tables, you need the data tables first?

11 A. Correct.

12 Q. And what are those reports that you're  
13 referring to?

14 A. They're the final integrated reports for the  
15 individual studies.

16 Q. Okay. When you say "reports," there's more  
17 than one?

18 A. There's one report for each study.

19 Q. Okay. Have you heard the term "ISS"?

20 A. Yes.

21 Q. What does that refer to?

22 A. Integrated summary of safety.

23 Q. And what is that?

24 A. What it is is when you put an NDA together, all  
25 of your clinical -- individual clinical study reports,



1     you have to merge that data to get a greater picture.  
2     It's like going up a triangle. Your study reports are  
3     towards the lower end of the triangle, and as you go  
4     up, you get into more summaries and summaries, and the  
5     ISS summarizes all of the safety information from all  
6     of your clinical trials.

7           Q. Okay. When you say those study reports are at  
8     the bottom part of the triangle, are you talking about  
9     after the -- how does the patient phase fit into that  
10    triangle?

11          A. The patient phase actually comes below the  
12    individual study reports, meaning that's all of the  
13    data, all of the treatment of those patients is the  
14    lowest end and it's the raw data. That data goes into  
15    individual study reports, which then goes into the ISS,  
16    and then it goes up to your NDA.

17          Q. And have you heard the term "ISE" in connection  
18    with clinical studies?

19          A. Yes, that's the integrated summary of efficacy.  
20    It's the second half. You have safety and efficacy,  
21    and so you have a summary of each as you're going to  
22    the top of that triangle.

23          Q. And then is there a step after ISS and ISE as  
24    far as building your pyramid?

25          A. Yes, your last step is putting -- taking all of

1     that information and putting it into a package insert,  
2     which is really a small summary of everything you know  
3     about your drug.

4           Q.   And in your experience in clinical work, is  
5     this post -- these post-patient activities, are they  
6     time-consuming?

7           A.   Yes, they are.

8           Q.   And why is that?

9           A.   You're integrating millions of data points.  
10    You're looking at -- an individual patient may have  
11    anywhere from 50 to 75 pages of data that needs to be  
12    entered, and if you look at all the patients, you have  
13    that much for one individual patient.  You put all of  
14    that up -- you have to make sure that all of that data  
15    is accurate, because the FDA will look at that  
16    information and go down and pick out individual  
17    patients and follow them through into your study  
18    reports, into your ISS and ISE.  It takes a lot of time  
19    to make sure that that is all put together and  
20    accurate.

21          Q.   Okay.  So, after the last patient is done with  
22    Niacor-SR in July of '96, who's involved at  
23    Upsher-Smith with this post-patient work that you're  
24    talking about?

25          A.   At Upsher-Smith, it was the entire clinical

1 research department, including myself.

2 Q. And did you do -- did your -- Upsher-Smith's  
3 department do all of the work on this?

4 A. No, we didn't have the capability to do that.  
5 We don't have the computer systems in place for that,  
6 so we were working with three different CROs. We were  
7 working with ClinTrials Research, NovaTech Sciences, a  
8 statistical group, and CSR Consultants, a group that  
9 was going to write the final study reports for us.

10 Q. And how do you select these CROs to work on  
11 post-patient work?

12 A. Well, for selecting ClinTrials, we were looking  
13 for a large firm that had experience in  
14 cholesterol-lowering trials, and ClinTrials had  
15 recently worked on the Excel trial for Merck, and it  
16 was lovastatin. It was a large study, and they had  
17 recently worked on that, and their staff was very  
18 qualified. So, we felt going with someone with  
19 experience and had worked with one of the major firms  
20 would be the best choice for us.

21 Q. How did you communicate or coordinate with the  
22 CROs?

23 A. We have weekly teleconferences to make sure  
24 everyone's on track.

25 Q. And was there any particular format for doing

1       those teleconferences?

2           A. Yes, we would have an agenda put out in advance  
3       of the call, and then after the call, ClinTrials would  
4       write up the meeting minutes and send them out to us.

5           MR. CARNEY: I want to show the witness some  
6       exhibits, Your Honor. I've taken the liberty of  
7       circulating the binders, and they're the two large  
8       binders that are on the Bench there.

9           BY MR. CARNEY:

10          Q. Sir, could you look at these two binders which  
11       are in front of you, and if you could just flip through  
12       them briefly, and for the record, they're identified as  
13       USX 1041 through USX 1145 and then USX 1146 through USX  
14       1266.

15          Sir, can you identify these documents?

16          A. Yes, these are the agendas and meeting minutes  
17       of the weekly teleconferences with ClinTrials, NovaTech  
18       and CSR Consultants.

19          Q. And these were files that Upsher-Smith kept?

20          A. Yes. These are the clinical research  
21       department summary lists.

22          Q. Could I ask you to turn to what is USX 1179,  
23       it's going to be in the second binder, about a quarter  
24       to a third of the way in.

25          A. 117 --

1           Q. 1179. It bears the date June 19, 1997 on the  
2 first page. Is this the type of agenda you're  
3 referring to?

4           A. Yes, it is.

5           Q. And then at 1180, the next exhibit, if you look  
6 at the third page of that exhibit, which says June 20,  
7 1997, and then "Minutes" at the top, are these the type  
8 of minutes you're referring to?

9           A. Yes, they are.

10           MR. CARNEY: Your Honor, I would move for the  
11 admission at this time of Exhibits USX 1041 through USX  
12 1266.

13           JUDGE CHAPPELL: Do these all run  
14 consecutively?

15           MR. CARNEY: Yes, Your Honor, they do, and they  
16 were previously provided to complaint counsel, have  
17 been produced from the files of Upsher-Smith.

18           JUDGE CHAPPELL: Any objection?

19           MS. BOKAT: Your Honor, I have no objection to  
20 USX 1179. On USX 1180, it looks like this may not be a  
21 complete document, because the fax header at the top of  
22 the page indicates that there should be seven pages,  
23 and it looks like 3 and 4 are missing.

24           MR. CARNEY: It is -- it does appear from the  
25 fax header that there are those pages. This is the way

1     it was kept in the files of Upsher-Smith, and if we  
2     look at the Bates numbers at the bottom, they run out  
3     of order here but consecutively. I mean, there's sort  
4     of five in the same row of Bates numbers.

5             JUDGE CHAPPELL: So, it's your intent to offer  
6     only the pages that are included in that exhibit?

7             MR. CARNEY: Well, it's my intent to offer  
8     these as the -- Upsher-Smith's business record of its  
9     communications with ClinTrials and the teleconferences  
10    it had with ClinTrials.

11            JUDGE CHAPPELL: I'm just trying to establish  
12    if there are pages missing from the exhibit you're  
13    trying to offer. Is this the exhibit you want to offer  
14    the way it is?

15            MR. CARNEY: Yes, it is, Your Honor. It's the  
16    full exhibit as it existed in Upsher-Smith's files,  
17    yes.

18            MS. BOKAT: I'll withdraw the objection.

19            JUDGE CHAPPELL: Okay. So, no objection to  
20    this offer -- to USX 1041 through 1266?

21            MS. BOKAT: Oh, I'm sorry --

22            MR. CARNEY: It's the whole thing, yes.

23            MS. BOKAT: You were offering both binders?

24            MR. CARNEY: Both binders, yes, the whole sort  
25    of file from Upsher-Smith's records of the

1 correspondence.

2 JUDGE CHAPPELL: Do you want to look through  
3 those and let me know later?

4 MS. BOKAT: That would be useful.

5 JUDGE CHAPPELL: Okay. Any objection from  
6 Schering?

7 MR. RAOFIELD: No, Your Honor.

8 MS. BOKAT: Thank you, Your Honor.

9 MR. RAOFIELD: If I may just add what may be a  
10 helpful point, I believe that all of the documents  
11 contained in these two binders have already been  
12 admitted into evidence as a single document, SPX 1096.  
13 I believe that this is a much more useful way to have  
14 them admitted, because it will allow the parties in  
15 their briefing after trial to refer to individual ones  
16 without attaching large volumes.

17 JUDGE CHAPPELL: If that's true, then why  
18 don't -- why doesn't the person who offered the mega  
19 exhibit withdraw it? We don't need that much in -- we  
20 don't need a duplication in the record that is eight  
21 inches thick.

22 MR. RAOFIELD: Schering would be happy to  
23 withdraw that SPX, SPX 1096, upon admission of these  
24 documents, which are just broken down into the  
25 individual documents, Your Honor.

1 JUDGE CHAPPELL: Okay. Mr. Carney, you'll need  
2 to re-offer these exhibits after complaint counsel has  
3 a chance to look at them.

4 MR. CARNEY: Okay.

5 JUDGE CHAPPELL: So, at this time I'm not  
6 admitting them.

7 MR. CARNEY: We will do that, Your Honor, and I  
8 would just note that that's exactly what we've done.  
9 We've taken the exhibits, the component parts of 1096,  
10 and put them in a chronological order by sort of each  
11 document so that they are much more usable than an  
12 eight-inch file.

13 JUDGE CHAPPELL: All right.

14 Ms. Bokat?

15 MS. BOKAT: We'll take a look at it and get  
16 back to the Court.

17 JUDGE CHAPPELL: Okay, thank you.

18 Mr. Raofield, what was the exhibit you're  
19 withdrawing?

20 MR. RAOFIELD: It will be SPX 1096.

21 JUDGE CHAPPELL: Okay.

22 MR. CARNEY: Subject to admission of these  
23 documents, as I understood it.

24 JUDGE CHAPPELL: All right, then let's just go  
25 over this again when you re-offer these exhibits, and



1       then we will note for the record whether that's  
2       withdrawn or not. So, at this time we will hold off.  
3       Thank you.

4               MR. CARNEY: Okay, thank you, Your Honor.

5               BY MR. CARNEY:

6               Q. Dr. Halvorsen, if I could direct your attention  
7       then to the third page of that exhibit, USX 1180, and  
8       under the word "Minutes," it says, "Attendees --" I'll  
9       let you find the page, sorry. It's the third page.  
10      It's, for the record, Upsher-Smith-FTC-094047, and  
11      under "Minutes," it says, "Attendees: CTR."

12              Who is CTR?

13              A. ClinTrials Research.

14              Q. And do you know who these people are listed to  
15      the right of the CTR designation?

16              A. Yes, they were part of the Niacor-SR team from  
17      ClinTrials Research.

18              Q. And below that it says "USL," your name, "Marge  
19      Garske, Tiea Crane, Gina McClure."

20              Those are all Upsher-Smith people?

21              A. Correct, that's the Clinical Research  
22      Department.

23              Q. And those people all report to you?

24              A. Yes.

25              Q. And then it says, "CSR: Claude Drobnes."

1           What is CSR?

2           A. CSR Consultants is a group who worked with us  
3 during the actual conduct of the trials, and then they  
4 were going to put together the final reports for these  
5 studies.

6           Q. And then, "NT," who is that or what is that?

7           A. NovaTech Sciences is a statistical CRO that  
8 worked for us.

9           Q. And this is indicating that all of these people  
10 were involved in this phone call?

11          A. Yes.

12          Q. And then going down, there's a Roman I, Data  
13 Management/CSR Issues (By Study), and then it lists A,  
14 B -- going down to the next page, C, and on the fourth  
15 page it's got -- sorry, on the next page after that,  
16 which is 094049, it's got D, 920837.

17               Do you know what this refers to?

18          A. Those are our two pivotal and two follow-on  
19 studies.

20          Q. And was it your practice to discuss these in  
21 any particular format on these calls?

22          A. We discussed all outstanding issues or items  
23 that needed to be completed during the next week or  
24 with future dates to really make sure we were getting  
25 things done as fast as possible.

1           Q. And then on what is the last page of that  
2 document right below the D, there's a 2 that says,  
3 "ISS/ISE/NDA/CANDA."

4           What's a CANDA?

5           A. That's a computer-assisted NDA. The FDA is  
6 moving towards a paperless environment. So, you are  
7 now using computer applications as well.

8           Q. And you had a separate discussion point here  
9 then for the ISS, the ISE, the NDA and the CANDA?

10          A. Yes.

11          Q. Do you recall the time frame in which you had  
12 these conference calls with ClinTrials and the other  
13 CROs?

14          A. They started in May of '95 when we started  
15 working with ClinTrials and continued until 1998 when  
16 we wrapped up the project.

17          Q. So, they were working throughout the period of  
18 1998?

19          A. Yes, they worked into 1998.

20          Q. Do you recall approximately when in 1998  
21 ClinTrials and the other CROs stopped work?

22          A. We actually had notified them in March that we  
23 would be discontinuing the project, and then they  
24 continued on until we received all of the documentation  
25 that they had, which was just a tremendous volume of

1 paper, which we received in the summer of 1998.

2 Q. And do you recall who notified them to stop  
3 working in March of 1998?

4 A. I did.

5 Q. And why did you make the decision to notify  
6 them to stop working in March of 1998?

7 A. I did not make the decision myself. I notified  
8 them of the decision.

9 Q. Okay. And why did you notify them of the  
10 decision?

11 A. We had a meeting in March of 1998 in Ian  
12 Troup's office, which included Mr. Troup, Dr. Robbins  
13 and some other individuals, and when I walked out of  
14 that meeting, I was to inform the CRO that our European  
15 partner, Schering-Plough, was not going forward with  
16 the project.

17 Q. Okay. Earlier you mentioned something called  
18 the Niacin Advisory Board. What is that?

19 A. It's a panel of experts in the lipid-lowering  
20 field that we convened to really learn about our  
21 product, how they perceived it, to get their picture of  
22 niacin in the marketplace in ways that we could improve  
23 our product and improve our perception and sales of the  
24 product as we moved forward.

25 Q. Did you personally have any involvement with

1 the Niacin Advisory Board?

2 A. Yes, I did.

3 Q. What was your role?

4 A. I was involved in selecting the individuals to  
5 be on that panel, and I presented some preliminary  
6 information from our largest pivotal trial to them.

7 Q. And do you recall when you made that  
8 presentation?

9 A. I believe it was August of 1996.

10 Q. I'm going to show the witness an exhibit which  
11 is marked, it's in the binder there, the white binder,  
12 it's USX 329, if you could look at that, please and  
13 identify it, if you could.

14 A. What was the number?

15 Q. It's the first tab, it's USX 329. We've got it  
16 on the screens as well.

17 Do you recognize the document?

18 A. Yes.

19 Q. What is this document?

20 A. It's a list of the physicians that we invited  
21 to the Niacin Advisory Committee that formed up that  
22 committee.

23 Q. And if you turn in your binder to the third  
24 page of the document, do you know what that is?

25 A. That's the preliminary agenda with the list of

1 attendees from Upsher-Smith.

2 Q. And do you see the handwriting on it where it  
3 says, "Others," and then, "Bob, Jan, Denise, Tom,  
4 Scott, Don Overcast, Asta, Jim M., Mike M., Marge,  
5 Gina, Tiea," do you know who those people are?

6 A. Yes, they are all related to Upsher-Smith.

7 Q. Do they work for Upsher-Smith?

8 A. The majority of them, yes. I don't remember  
9 two of those names.

10 Q. Okay. And do you know why they worked -- why  
11 they are listed here?

12 A. Yes, this is primarily sales and marketing  
13 people for them to learn about niacin and the  
14 impressions of our experts, and then the Clinical  
15 Research Department as well.

16 Q. And then as we go down it says, "Agenda,  
17 Introduction," and then two, "Current Role of Niacin,"  
18 and then below that, "Niacor-SR Clinical Data  
19 Presentation," and then your name, "Mark Halvorsen."

20 What does that refer to?

21 A. I presented some preliminary information on our  
22 largest pivotal trial at this meeting.

23 Q. And do you recall why you were presenting that  
24 information?

25 A. We really wanted to get their impressions and

1     see what they thought of the data, what they thought of  
2     the product in general, and how we could move forward  
3     and make this a better product.

4           Q.   And then if you flip the page over there, it  
5     looks like a more detailed schedule, and you see it  
6     says on the left side, 9:15 a.m., "Clinical Data,  
7     60-Minute Presentation, Protocol 920115, Study  
8     Results," and then it looks like everyone got a break,  
9     and then 10:30, "Clinical Data, 60-Minute Discussion,"  
10    and below that, "EXTRA, 30 Minutes."

11           Do you recall what was involved in the  
12    discussion?

13           A.   We had quite a long discussion of both the  
14    efficacy parameters and the safety parameters.  What  
15    the end result was is that the panel recommended that  
16    we go forward with additional studies to help us in the  
17    marketplace and that they felt the actual efficacy data  
18    there was excellent and they felt the safety profile  
19    was fine.  They were really impressed with the product.

20           Q.   And when you say "the panel," you're referring  
21    to, if you turn to the front page where it says Niacin  
22    Advisory Committee Members, is this the panel you're  
23    referring to?

24           A.   Yes, these are experts from throughout the  
25    United States, and Dr. Davignon was the lead

1 lipid-lowering physician in Canada as well.

2 Q. And then I'm sorry to keep flipping around like  
3 this, but if you go back to that Discussion Issues we  
4 were looking at and go one more page to what is  
5 Upsher-Smith-FTC-113067, there looks to be one, two --  
6 five pages listing each of the doctors and then some  
7 information.

8 Do you know what this is?

9 A. Yes, it's a brief credentials of all of the  
10 experts from the various universities, from Johns  
11 Hopkins, from University of Minnesota, University of  
12 Washington, throughout the United States the experts,  
13 and Dr. Davignon from Montreal.

14 Q. And then on that first page of -- listing the  
15 credentials, there's something that says FATS, FATS-II,  
16 NIH, looks like an arrow and then -- I don't know, can  
17 you read the rest of that?

18 A. "Low HDL study." That's the recently published  
19 FATS study. Dr. Brown at that time was actually  
20 treating patients in the FATS trial, which I believe  
21 has now been published in JAMA or New England Journal.

22 Q. And at the bottom of the page there it says, it  
23 looks like "Pravastatin/SR Niacin (Nicotaid) Study."

24 Do you know what that refers to?

25 A. Dr. Davignon had published a study on



1 combination therapy on pravastatin and niacin.

2 MS. BOKAT: Excuse me, Your Honor, we seem to  
3 have a monitor here that's not working. We have the  
4 paper exhibits, so we can go forward with that, but  
5 maybe at a break or something.

6 JUDGE CHAPPELL: Okay, we can either wait or we  
7 can have someone from your office contact the computer  
8 people and have them work on it while we're in trial,  
9 if you like, as long as it doesn't interrupt the  
10 witness or Mr. Carney, your choice. Do you want to  
11 stop now or do you want to have someone --

12 MS. BOKAT: No, let's go forward.

13 BY MR. CARNEY:

14 Q. As a result of that discussion and this panel,  
15 did Upsher-Smith take any specific steps regarding  
16 niacin?

17 A. Well, Upsher-Smith -- we put together -- my  
18 department put together two protocols that would expand  
19 on the Niacor-SR treatment, but we didn't want those  
20 protocols to get in the way of completing the final  
21 study reports and filing with the FDA. That took  
22 priority.

23 Q. And if you'd turn to the next tab in your  
24 exhibit binder there, which is CX 0714, do you  
25 recognize this document?

1 A. Yes.

2 Q. What is it?

3 JUDGE CHAPPELL: Excuse me, is everyone else's  
4 monitor working?

5 MR. NIELDS: Ours is, Your Honor.

6 MR. CURRAN: Ours is, Your Honor.

7 JUDGE CHAPPELL: Susanne?

8 THE REPORTER: Yes.

9 JUDGE CHAPPELL: You may proceed.

10 BY MR. CARNEY:

11 Q. Do you recognize this document?

12 A. Yes, I do.

13 Q. What is it?

14 A. This is a protocol synopsis from one of the  
15 protocols that the advisory panel recommended we  
16 perform.

17 Q. And if you look down to where it says,  
18 "Objective: To compare the efficacy of Niacor-SR and  
19 fluvastatin alone and in combination," what does this  
20 refer to?

21 A. It's a combination therapy trial with a statin.

22 Q. And why was that of interest?

23 A. Well, the statins are the primary LDL-lowering  
24 drug on the marketplace, and if you look at statins  
25 alone, the large percentage of patients do not reach a

1 treatment goal, which is NCEP, National Cholesterol  
2 Education Panel, goals, NCEP, and the way to reach  
3 those goals is really to go after combination therapy,  
4 and with niacin you hit the parameters that the statins  
5 don't, so you get an overall much better cholesterol  
6 panel.

7 Q. Did you -- did Upsher-Smith need to do this  
8 study to get approval for Niacor-SR?

9 A. No.

10 Q. On the second page where it says, "Study  
11 Procedures," it says in the third line down, "The  
12 dosing schedules are as follows," and then it lists  
13 under 1 several things, and one of them is "1500 mg QHS  
14 for 18 weeks."

15 What does that mean?

16 A. It means the patients would be taking 1500  
17 milligrams of Niacor-SR at bedtime for 18 weeks. The  
18 QHS is a Latin abbreviation which means at nighttime or  
19 at bedtime dosing.

20 Q. Was there any significance to this dosing  
21 schedule?

22 A. Yes, we had -- our previous studies had  
23 performed BID dosing.

24 Q. What's BID?

25 A. Which means twice a day, and this would be

1 once-a-day dosing at bedtime.

2 Q. And why were you proposing to look at bedtime  
3 dosing?

4 A. Well, your largest cholesterol production in  
5 the body occurs overnight, typically from 2:00 to 5:00  
6 or 2:00 to 6:00 a.m., and that to deliver the drug and  
7 have the most drug in the body at the time that you  
8 have the largest synthesis of cholesterol would be the  
9 best way to treat it, but it would also help with the  
10 nuisance adverse event of flushing. If you're sleeping  
11 and you have flushing, you typically won't feel it.  
12 So, that's another improvement.

13 Q. Okay. And if you turn to the next document,  
14 which is CX 1043, do you recognize this document?

15 A. Yes, I do.

16 Q. What is this?

17 A. This is the second protocol that the advisory  
18 panel recommended.

19 Q. Do you know who drafted this?

20 A. Most likely myself or someone in my staff and I  
21 reviewed it.

22 Q. Okay. And the -- where it says, "Objective,"  
23 on the left-hand side of the page, across from that it  
24 says, "To compare the safety and efficacy of three  
25 different dosing schedules."

1           What does that refer to?

2           A. I think you need to look at the next page as  
3 well in that it's three different dosing schedules of  
4 Niacor-SR.

5           Q. And this is next to where it says, "Study  
6 Procedures," and then 1, 2, 3?

7           A. Correct.

8           Q. And what were you comparing?

9           A. We were looking at the dosing that was used in  
10 our previous trials, the QAM, QPM, versus at-bedtime  
11 dosing.

12          Q. And the at-bedtime is the QHS?

13          A. Correct.

14          Q. If you'd turn to the next page, at the bottom  
15 of the page -- and this is SP 1600115 -- there's a  
16 sentence that starts there, "There may be some benefits  
17 in once-a-day bedtime dosing since this correlates with  
18 cholesterol production in the liver."

19               Is that what you were referring to earlier?

20          A. Yes.

21          Q. Okay. And then if you'd turn the page again,  
22 on the -- under where it says, "3.2, Dosing Regimen,"  
23 the last sentence says, "Dosing will be twice daily  
24 with meals or a single dose with the evening meal,  
25 depending on randomization."

1           What did this mean?

2           A.   Actually, that sentence is partially incorrect.

3           Q.   Which part is incorrect?

4           A.   The second half.   The first dosing would be  
5   dosing arm will be twice daily with meals, that's  
6   dosing regimen one, which is what we performed in our  
7   previous trials, and then dosing regimens two and three  
8   would be a single daily dose at bedtime instead of the  
9   evening meal.

10          Q.   Now, you mentioned flushing as a nuisance  
11   adverse event.   Was flushing a problem for Niacor-SR?

12          A.   Not a problem, no.

13          Q.   Do you know how it compared to the flushing in  
14   immediate release niacin?

15          A.   Our pivotal trial, the 115 study, looked at  
16   that and showed that Niacor-SR significantly reduced  
17   the number of occurrences of flushing at least  
18   fourfold.

19          Q.   And when you say number of instances of  
20   flushing, what do you mean by that?

21          A.   The total number of times someone flushes.   If  
22   you flush once out of every -- once a month, that's no  
23   big deal.   If you're flushing multiple times a month  
24   and maybe even on a daily basis, that gets to be a real  
25   nuisance.

1           Q. Just back to those protocols for a second, you  
2 mentioned Upsher-Smith did not conduct those in 1996 or  
3 1997, actually perform the studies?

4           A. No, we did not.

5           Q. And why was that?

6           A. It was really because we put filing the NDA as  
7 a much larger priority for us. When you're getting  
8 into a market such as that, introduction to the market  
9 is the best -- I mean is the most important thing, and  
10 Upsher-Smith had put a high priority on getting that  
11 NDA complete and filed.

12          Q. And you couldn't do -- you couldn't do that  
13 simultaneously, the studies and get the NDA approved?

14          A. We just didn't have the staff or the resources  
15 to do all of that at one time.

16          Q. Sir, do you know what a pharmacokinetic or PK  
17 study is?

18          A. Yes, I do.

19          Q. What is that?

20          A. A pharmacokinetic study is that you -- someone  
21 takes a dose of medication, and then you take serial  
22 blood draws over time, approximately once an hour,  
23 every two hours, and then you plot the concentration of  
24 drug in the plasma or blood over time, and you look at  
25 how -- it forms a curve as to how the body's exposed to

1 medication.

2 Q. And what's it really looking to study in  
3 layman's terms, if you could?

4 A. Absorption and elimination of the drug, how you  
5 absorb it from the dosage form and how you eliminate  
6 it.

7 Q. And is a PK study different from the clinical  
8 studies that you've been describing earlier, the  
9 pivotal studies and the follow-on studies?

10 A. Yes, they are.

11 Q. How is it different?

12 A. Well, it's much shorter, cheaper, and just  
13 easier to complete.

14 Q. Is a PK study required for FDA approval of an  
15 NDA?

16 A. Yes, it is.

17 Q. And is it required for an ANDA?

18 A. Yes, it's just a different type. In an ANDA,  
19 you're comparing an innovator and a generic drug,  
20 whereas for an NDA, you're typically just examining  
21 your own drug.

22 Q. So, for either an NDA or an ANDA, one has to do  
23 PK work?

24 A. Yes.

25 Q. In terms of working time, how does the PK study



1     compare to the work that's involved in doing the  
2     clinical studies that are required by the FDA for an  
3     NDA?

4           A.   They're just much smaller in number of patients  
5     significantly, because they're not patients, they're  
6     subjects; much smaller in length of time, shorter; and  
7     cost, their greatly reduced cost compared to a clinical  
8     safety and efficacy study.

9           Q.   Did Upsher do any PK studies for Niacor-SR?

10          A.   Yes, we did.

11          Q.   What PK studies did you do?

12          A.   We performed a single-dose study, meaning the  
13     patients took one dose of medication and had blood  
14     draws taken, and we performed a multi-dose study where  
15     they had several doses of medication taken and then  
16     serial blood draws taken.

17          Q.   And why did you do a multi-dose study?

18          A.   We really did it to show the FDA -- we were in  
19     discussions with the FDA. At one time we were told we  
20     did not have to perform a multi-dose study, and then at  
21     a subsequent meeting we were told yes, we did have to  
22     do that, and we wanted to show the FDA that with  
23     niacin, you don't get blood levels from a typical drug.  
24     You see the effect, the lipid lowering, but blood  
25     levels have nothing to do with the pharmacodynamic

1 effect. You just -- blood levels are really not  
2 important for the action of the drug itself.

3 Q. Okay. And after you showed these results of  
4 the multi-dose test to the FDA, what happened next?

5 A. They agreed that we did not have to do a  
6 multi-dose plasma study. They agreed that we would  
7 only need a single-dose urine study for FDA approval.

8 Q. And do you recall when they agreed to the  
9 single-dose urine test?

10 A. It was during a meeting in February or March of  
11 1997.

12 Q. Okay, if you could turn in your binder of  
13 exhibits there for a moment to what is the next tab,  
14 and that is CX 0917. Could you identify that document  
15 for me, please?

16 A. It is the -- a submission from myself and  
17 Upsher-Smith to the FDA regarding a meeting that was  
18 held on February 7th, 1997 to discuss the PK issues.

19 Q. Okay. If I draw your attention to the bottom  
20 paragraph there, and it says, "Also enclosed for your  
21 review is a proposed protocol for the single dose,  
22 3-way crossover, pharmacokinetic evaluation of niacin  
23 and its metabolites in urine (see Attachment 2), as  
24 agreed to during the February 5, 1997 meeting."

25 Is this what you were referring to before as

1 far as them agreeing to a single-dose test?

2 A. Yes, they agreed to the design, and we drafted  
3 a protocol for their review.

4 Q. Okay. And then if we leaf through this  
5 document to what at the bottom is labeled as 107439,  
6 it's right behind a page that says Attachment 2, do you  
7 know what that -- I guess what the following pages are?  
8 And it runs -- it appears to run to Attachment 3, which  
9 starts on 107450.

10 A. Yes, this is our draft protocol that we sent to  
11 the FDA for their review.

12 Q. Okay. Now, I'm going to ask you to turn to the  
13 next exhibit, which is USX 0281. Do you know what this  
14 document is?

15 A. Yes, it's a response from the FDA to Cindy  
16 Farner in our regulatory group regarding the draft  
17 protocol that we submitted to FDA.

18 Q. And what was the significance or importance of  
19 this fax, if any?

20 A. It basically is their final agreement to the  
21 protocol, just asking us to add a fourth arm to the  
22 protocol, and the single-dose urine study was ready to  
23 go.

24 Q. So, this is a -- this is the fax approving a  
25 single-dose study?

1 A. Yes, it is.

2 Q. And you received this in March of '97?

3 A. Correct.

4 Q. And then if you go to the next exhibit in the  
5 binder, which is SPX 0331, do you recognize this  
6 document?

7 A. Yes.

8 Q. And what is this document?

9 A. This is the final protocol incorporating the  
10 FDA's comments.

11 Q. And this was the -- and what were you -- who  
12 prepared this protocol?

13 A. Myself or someone in my group with my review.

14 Q. And what was the purpose of this protocol?

15 A. The purpose of this protocol was to be prepared  
16 to immediately start a -- the PK study.

17 Q. And do you recall when this document was  
18 prepared, this study was prepared?

19 A. I don't recall, but I can see in the upper  
20 right-hand corner that it's dated June 4th, 1997.

21 Q. Okay. That's on the third page, the 111279?

22 A. Correct.

23 MR. CARNEY: Your Honor, at this time we would  
24 move for the admission of SPX 331 into evidence.

25 JUDGE CHAPPELL: Any objection?

1 MS. BOKAT: No, Your Honor.

2 MS. SHORES: No objection, Your Honor.

3 JUDGE CHAPPELL: SPX 331 is admitted.

4 (SPX Exhibit Number 331 was admitted into  
5 evidence.)

6 MR. CARNEY: Thank you, Your Honor.

7 BY MR. CARNEY:

8 Q. What was the next step with regard to the PK  
9 study once you had prepared this protocol?

10 A. Well, what we did is we actually needed to get  
11 a bioanalytical method, a method that would measure the  
12 drug in urine, and so we started two activities. We  
13 had two contract research laboratories working on a  
14 method competing with each other to develop that  
15 method. We wanted to get this done as fast as  
16 possible. So, we had MDS Harris and Cedra Laboratories  
17 competing with each other. We were paying double the  
18 cost, but we wanted to get this method in place as soon  
19 as possible.

20 Q. Have you ever put two CROs in competition like  
21 that before?

22 A. No, we haven't.

23 Q. Have you ever done that since?

24 A. No.

25 Q. What was the next step after that?

1           A. The next step, which was actually at the same  
2           time, is that we took this protocol, and we actually  
3           used it for a pilot study with Slo-Niacin, our dietary  
4           supplement sustained release niacin, so that we could  
5           have some samples, urine samples, and use them in  
6           developing the method to measure the drug in urine.

7           Q. And how did you go about developing a method to  
8           measure the level in urine?

9           A. Well, they needed to go forward and first see  
10          if they could detect the drug in urine, and then  
11          subsequently, you need to have some samples to see how  
12          low you need to go. For example, with niacin, it's --  
13          very little is available in plasma. So, in moving to  
14          urine, we weren't sure how low you had to measure to  
15          find any of the drug in the urine.

16          Q. And who was doing this work that you're  
17          referring to?

18          A. The analytical was the MDS Harris and Cedra  
19          Laboratories.

20          Q. And did they ever develop a final methods  
21          validation?

22          A. Yes, they did.

23          Q. And do you know when they were working on -- in  
24          what period they were working on the methods  
25          validation?

1           A. They started fairly quickly after we resolved  
2           the protocol issues with the FDA, and they continued  
3           into 1998.

4           Q. And do you believe MDS Harris was diligent in  
5           conducting that work in '97 and '98?

6           A. Absolutely.

7           Q. Do you think you could have done it faster if  
8           you had done it in-house at Upsher-Smith?

9           A. We did not have the capabilities to run  
10          biological samples inside Upsher-Smith, but from a  
11          selection standpoint, all of the major pharmaceutical  
12          firms, generic firms, worked with MDS Harris and Cedra.  
13          They were two of the top labs in the country.

14          Q. And do you know approximately how much  
15          Upsher-Smith spent on developing this final method  
16          valuation -- validation that you were talking of?

17          A. Approximately \$400,000.

18          Q. And is that the only money Upsher-Smith was  
19          spending on developing Niacor-SR in that period?

20          A. No.

21          Q. What else was it spending money on for  
22          Niacor-SR in that period?

23          A. We were working with our CROs from the clinical  
24          standpoint, completing the final study reports, the ISS  
25          and the ISE. We had multiple CROs, as I mentioned

1 earlier, working on that project as well.

2 Q. In the fall of '97 or in the spring of '98 when  
3 MDS Harris was working on this method validation, did  
4 you ever call up Schering-Plough and ask them for help  
5 on this?

6 A. No.

7 Q. Why not?

8 A. We didn't need to. PK studies are easy, and we  
9 had some of the top labs in the country working on  
10 this, labs that all of the firms are familiar with. If  
11 you were to ask any of the major pharmaceutical firms,  
12 they'd say go to some of the experts in that area, and  
13 MDS and Cedra were experts in that area.

14 Q. Do you have a sense of how many people were  
15 working on this PK study work in the fall of '97 at MDS  
16 Harris?

17 A. Multiple individuals. I don't know the exact  
18 number, but they are a very large laboratory, and they  
19 are very skilled in their work.

20 Q. Are you familiar with a product called Niaspan?

21 A. Yes, I am.

22 Q. What is Niaspan?

23 A. Niaspan is a sustained release niacin product  
24 marketed by Kos Pharmaceuticals.

25 Q. Do you follow stock prices?



1           A. Yes, I do.

2           Q. How do you follow stock prices?

3           A. I use my Yahoo web page that has them all  
4 listed.

5           Q. And that Yahoo web page, is that on your  
6 computer?

7           A. Yes, it is.

8           Q. And where is that computer?

9           A. It's on my desktop computer in my office.

10          Q. And how do you follow it with the Yahoo page?

11          A. I list the various companies that I want to  
12 follow to watch stock prices and any press releases on  
13 them from a competitive standpoint.

14          Q. And did you follow Kos' stock price?

15          A. Yes, I did.

16          Q. And did you follow it in 1997?

17          A. Oh, yes. I watched it from their initial IPO.

18          Q. Do you know what Kos' stock symbol is?

19          A. KOSP.

20          Q. And why did you follow Kos?

21          A. They were our major competitor. They had a  
22 sustained release niacin product, we had a sustained  
23 release niacin product. I really wanted to be able to  
24 find as much information as possible about their  
25 product and the company.

1           Q. Did you get any more information besides their  
2 stock price there?

3           A. Yes, I did. That's where I picked up their  
4 press releases.

5           Q. Do you know what their stock price was in June  
6 of '97?

7           A. In the thirties.

8           Q. Do you know if Niaspan ever got FDA approval?

9           A. Yes, it did.

10          Q. Do you know when it got approval?

11          A. In July of 1997.

12          Q. And before it got approval, what type of  
13 information did you have about Kos' Niaspan product?

14          A. There was limited information available. We  
15 had the IPO documents that they had publicly made  
16 available, and there were one or two abstracts from the  
17 American Heart Association meeting or the American  
18 College of Cardiology meeting, I don't remember which.

19          Q. And what kind of information were you looking  
20 for in that Kos material?

21          A. I was looking for both safety and efficacy  
22 information.

23          Q. And based on what you saw in June of 1997, how  
24 did Niaspan stack up to Niacor-SR?

25          A. I felt they were virtually the same.

1 Q. And is that in terms of efficacy?

2 A. Efficacy and safety.

3 Q. Were you aware at any time of a cross-license  
4 agreement between Kos and Upsher-Smith?

5 A. Yes, I was.

6 Q. And what was your understanding about that  
7 license agreement?

8 A. I knew they needed to license our patents to  
9 make sure they could have their IPO.

10 Q. And do you know roughly when that occurred, the  
11 cross-license I mean?

12 A. Sometime in early '97.

13 Q. And did you ever -- did you ever see the terms  
14 of the cross-license?

15 A. No, I did not.

16 Q. Did it have any significance to you?

17 A. No from a financial standpoint, but it really  
18 told me that if they had to license patents from us,  
19 our formulations had to be very similar and our  
20 products had to be very similar.

21 Q. And were you aware of this cross-license  
22 agreement in June of 1997?

23 A. Yes, I was.

24 Q. And regarding your opinions on how Niacor and  
25 Niaspan stacked up, prior to June of 1997, did you ever

1 discuss that with anyone at Upsher-Smith?

2 A. Oh, yes.

3 Q. You sound sure of that. Why are you sure of  
4 that?

5 A. Well, they were our main competitor. We would  
6 take any information that we could get on them and  
7 discuss it internally as to how they compared versus  
8 our product.

9 Q. And is that just people in the market -- in  
10 the -- I'm sorry, in the clinical department that were  
11 reporting to you that you discussed it with?

12 A. No, that's throughout the entire company.

13 Q. Okay. You said Kos was approved in July of  
14 '97?

15 A. Yes.

16 Q. After Kos' Niaspan received approval, was there  
17 more information or less information or how did the  
18 information on Kos compare?

19 A. A lot more information became available,  
20 because now they were talking about what was actually  
21 included in their NDA. Information that's submitted in  
22 an NDA is confidential unless it's released by the  
23 company who submits the information or upon approval  
24 you learn more about the product.

25 Q. What kind of information was available in what

1       you were seeing about the NDA?

2           A.   It listed their indications, what FDA had  
3       granted for them to promote, and it listed efficacy  
4       information, and it included safety information.

5           Q.   Did anything that you saw in the information  
6       that was available post-approval on Kos' Niaspan  
7       product affect your opinion or your notion of how  
8       Niaspan and Niacor compared?

9           A.   No, not at all.

10          Q.   Do you recall what indications Niaspan received  
11       after it was approved?

12          A.   Yes.

13          Q.   And what were those indications?

14          A.   They received a general indication for lowering  
15       LDL. They received a general indication for lowering  
16       triglycerides. They received an indication for  
17       reduction of nonfatal myocardial infarction, received  
18       an indication for the halting progression or regression  
19       of atherosclerosis, which is basically coronary artery  
20       disease, the clogging of the artery.

21          Q.   Did any of those indications surprise you?

22          A.   Yes.

23          Q.   Which indication surprised you?

24          A.   The last two, the reduction in nonfatal  
25       myocardial infarctions and the halting progression or

1 regression of atherosclerosis.

2 Q. Why was that a surprise to you?

3 A. Because I was not aware that they were  
4 performing outcome studies.

5 Q. Why would outcome studies have been  
6 significant?

7 A. Outcome studies were really things that  
8 companies performed subsequent to approval. It was  
9 really big in the marketplace at that time. All of the  
10 statins were coming out with studies that showed  
11 outcome. It's the true effect of the drug on someone.

12 When you lower cholesterol, that's great, but  
13 that's a number. An outcome study is you're looking at  
14 do you increase that person's life, do you reduce the  
15 medical result of the increased cholesterol. So, it's  
16 really proof that lowering that number has a long-term  
17 improvement effect on a patient's health.

18 Q. At that time, in June or July of '97, did you  
19 expect Niacor-SR to get those similar indications for  
20 the atherosclerosis and the myocardial infarctions?

21 A. No, I did not.

22 Q. And why was that?

23 A. Because we had not performed outcome studies.  
24 We had not performed studies that looked at the  
25 long-term effect of lowering cholesterol with

1       Niacor-SR.

2           Q.   And did the fact that you didn't think you were  
3       going to get those indications have any effect on your  
4       opinion about Niaspan and Niacor and how they compared?

5           A.   Oh, no, not at all.

6           Q.   You still thought they were similar in  
7       efficacy?

8           A.   Yes.

9           Q.   And as to safety as well?

10          A.   Yes.

11          Q.   What is the significance for a product to have  
12       those two indications that you mentioned?

13          A.   It allows a company to go out -- FDA has  
14       approved that, so you can go out and promote that to  
15       physicians, you can promote it in direct-to-consumer  
16       advertisements, you can show, look, if you take our  
17       medication, we can reduce your incidence of heart  
18       attack via myocardial infarction, we can promote the  
19       halting or regression of atherosclerosis. So, it's  
20       really a benefit for a company to be able to say that.

21          Q.   So, it was a benefit or an advantage for Kos  
22       then?

23          A.   Absolutely.

24          Q.   Okay, I'd like to, if you would, please, to  
25       turn to the next exhibit, which is CX 1090, and if you

1       could identify this for me once you have had a chance  
2       to look at it.

3           A.   This is a memo written by our director of  
4       marketing.

5           Q.   And that's Bob Coleman?

6           A.   Correct.

7           Q.   And do you see handwriting on the document?

8           A.   Yes, I do.

9           Q.   Do you know whose handwriting that is?

10          A.   That's my writing.

11          Q.   And do you remember why you were writing on  
12       this document?

13          A.   Yes, because there were several things I  
14       disagreed with or were in error.

15          Q.   And do you recall in particular what those  
16       were?

17          A.   Well, some of it was the indications.  In fact,  
18       the two that we've been talking about, the reduction in  
19       nonfatal myocardial infarction, the slowing progression  
20       and promoting regression, the fact that they didn't get  
21       the proper indication for the general lipid-lowering  
22       parameters correct.

23          Q.   And then at the bottom do you see where it  
24       says, "It appears that Niacor-SR will have a similar  
25       clinical profile versus Niaspan as it relates to the



1 reduction of LDL. However, Niaspan has a decided  
2 advantage on the reduction of triglycerides and the  
3 increase of HDL," did you agree with that sentence?

4 A. They may have individual parameter advantages  
5 or disadvantages, but when you look at the five as a  
6 whole, they're equivalent.

7 Q. Okay. And does that relate to the next  
8 sentence, which it appears you've marked up, when  
9 you're talking about all five of the parameters?

10 A. Yeah, lipoprotein A, Lp(a), Niacor had a  
11 significantly better profile than Niaspan.

12 Q. Then if you flip the page, it says,  
13 "Observations: The Niacor-SR currently in development  
14 will be a late entry into the Lipid Management  
15 Category. Based on the information at hand it," and  
16 then you've handwritten in there, "The Niacor-SR  
17 product will not have the same indications as the  
18 Niaspan product," and then the next sentence is,  
19 "Approval of the present form of Niacor-SR is not  
20 eminent and may face delays."

21 What was that discussing?

22 A. It really was discussing what indications were  
23 there, and we would not have the same indications as a  
24 Niaspan product, but in my mind then and today is that  
25 these products will be identical.

1           Q. And then the next section says, "Possible  
2 Alternatives."

3           What's this discussing?

4           A. Alternatives, we looked at -- once Kos received  
5 approval, we looked at three options. One was to go  
6 forward with our NDA as planned with no additional  
7 studies and what the cost of that would be. We looked  
8 at modifying our NDA and immediately performing the two  
9 studies that our advisory board had recommended and  
10 what the costs involved with that would be. And then  
11 we looked at a third option of preparing an ANDA to the  
12 Kos product.

13          Q. And do you recall which option Upsher-Smith  
14 followed?

15          A. At this point in time, we actually had a  
16 parallel path of an NDA and an exploratory ANDA  
17 project.

18          Q. What do you mean by "parallel path"?

19          A. In that we had two teams in place. We had a  
20 team of individuals working on a generic to the Kos  
21 product, and we had a team of individuals working on  
22 the NDA.

23          Q. And for how long did that parallel path  
24 continue?

25          A. For approximately two or three months.

1           Q. So, for two or three months, you had two teams  
2 working on two alternatives?

3           A. Yes.

4           Q. And do you know when approximately those  
5 parallel paths ended or something changed?

6           A. In the November time frame, Kos released some  
7 sales information, and they were a lot lower than  
8 expected.

9           Q. And what was the significance of that?

10          A. It really showed that for us to go forward with  
11 a generic product -- you need to have a certain level  
12 of sales to make that successful, and it appeared that  
13 they might not reach that level, and so we discontinued  
14 our ANDA project.

15          Q. And when did you discontinue the ANDA project?

16          A. That was at the end of '97. I don't remember  
17 exactly when.

18          Q. Okay. I just want to call your attention to  
19 where it says, "Possible Alternatives" in Exhibit 1090.  
20 You've got handwritten there with an arrow pointing at  
21 the paragraph, "Actually, the current NDA would be  
22 cheaper. The revised NDA to match Kos would be more  
23 expensive."

24                 What is that referring to?

25          A. It refers to the two NDA options that I

1 mentioned earlier. If we were to go forward with the  
2 current NDA as planned, we would spend approximately \$1  
3 to \$2 million, and if we went forward with the NDA and  
4 included the two more studies to get this outcome  
5 information, we would be spending significantly more  
6 dollars. Those studies alone would cost \$3 to \$4  
7 million, and then we would have to put the NDA together  
8 after that.

9 Q. Sitting here today, do you believe that your  
10 statement that the actual -- actually the current NDA  
11 would be cheaper was correct?

12 A. Oh, yes.

13 Q. Okay. And have you learned anything since this  
14 time regarding how Kos got its indications for  
15 arthrosclerotic -- arthrosclerosis and myocardial  
16 infarctions?

17 A. Yeah, I subsequently learned after their  
18 approval, when the FDA released public documents, which  
19 takes -- it was about a year later after approval or  
20 longer, they released public information, and when I  
21 read that public information, I found that the FDA had  
22 actually granted the myocardial infarction and the  
23 arthrosclerosis indications to Kos without Kos asking  
24 for them. They actually added it to their package  
25 insert, and Kos didn't supply data for it. They took

1     it from the literature and said we suggest adding these  
2     indications.

3           Q.   So, Kos didn't have to do the kind of studies  
4     that you were describing here to get those indications?

5           A.   No, they did not.

6           Q.   And you -- but you didn't know that at the  
7     time?

8           A.   No idea.

9           Q.   Based on what you know now about Kos' product  
10    and your product, Upsher-Smith's product, do you  
11    believe that Niacor would have received those same  
12    indications?

13          A.   Oh, yes --

14               MS. BOKAT:  Objection, speculation.

15               MR. CARNEY:  Your Honor, he's testified that he  
16    subsequently received information regarding the two  
17    products and how they -- how the designations were  
18    given to Kos.

19               JUDGE CHAPPELL:  He's a fact witness, isn't he?  
20    Isn't he a fact witness?

21               MR. CARNEY:  Yes, he is a fact witness, Your  
22    Honor.

23               JUDGE CHAPPELL:  Sustained.

24               MR. CARNEY:  Thank you, Your Honor.

25               BY MR. CARNEY:

1           Q. Have you seen the package insert for Kos'  
2 product?

3           A. Yes, I have.

4           Q. And did you at any time prepare a package  
5 insert or a draft package insert for Upsher-Smith's  
6 Niacor-SR product?

7           A. Yes, I did.

8           Q. And in a package insert -- well, what does that  
9 contain, a package insert?

10          A. A package insert contains all of the  
11 information about your product. As I mentioned, it's  
12 the pinnacle of the triangle of the information that  
13 you've generated regarding your product, but it also  
14 includes information from the literature. You can't  
15 perform all the studies with your product, so they  
16 allow you to put in articles from other investigations  
17 in your package insert.

18          Q. And did you review the literature that's  
19 referred to in Kos' package insert?

20          A. Yes, I did.

21          Q. And how did it compare to the literature  
22 referred to in Upsher-Smith's package insert?

23          A. We contained all of the same study information  
24 in our package insert from other investigators. In  
25 fact, ours had -- draft package insert had more

1 information regarding studies with niacin.

2 Q. And which studies did the two package inserts  
3 have in common?

4 A. They had the ones by Dr. Greg Brown, the FATS  
5 study; they have a study from Dr. Blankenhorn, I  
6 believe that's the class study; and they include the  
7 Coronary Drug Project, which really is the original  
8 study of niacin, and in that study they showed a  
9 reduction in myocardial infarctions and a reduction  
10 in -- or I mean an increase in long-term survival.

11 Q. Do you recall any significant differences  
12 between Upsher-Smith's draft package insert and Kos'  
13 package insert for Niaspan?

14 A. No.

15 Q. If you could turn to the next exhibit, please,  
16 which is USX 342, and take a minute and if you could  
17 identify that for me when you have found it.

18 A. These are meeting minutes from an ER niacin  
19 meeting, which was our generic project to Kos' product.

20 Q. And it's got listed there attendees. Did you  
21 attend this meeting?

22 A. Yes, I did.

23 Q. And do you recall what the purpose of the  
24 meeting was?

25 A. The purpose was to discuss the overall project

1 and to select specific strengths to move forward with.

2 Q. And do you know if in November of -- well, let  
3 me back up.

4 When it says ER niacin, do you know what that  
5 refers to?

6 A. That is the ANDA project.

7 Q. As -- as distinct from the NDA project?

8 A. Correct.

9 Q. And do you know what the status of the NDA  
10 project was at the time of this meeting, November 7th,  
11 '97?

12 A. It was going forward.

13 Q. When you say the NDA was going forward, what do  
14 you mean by that?

15 A. It was an active project that was taking a lot  
16 of resources.

17 Q. Okay. And then what is being discussed in this  
18 ER niacin meeting which you said relates to the ANDA?

19 A. In reviewing the ANDA project, Kos came up  
20 with -- let's see, I believe it's four strengths, 375  
21 milligram, 500 milligram, 750 and 1000 milligrams, and  
22 at that point in time, FDA required three bioequivalent  
23 studies for each strength, and we wanted to be able to  
24 get a strength out there as soon as possible, so we  
25 were trying to select which strength would be most



1 commonly used.

2 Q. And were you still monitoring what Kos' stock  
3 price was at this time?

4 A. Oh, yes.

5 Q. And were you still keeping track of information  
6 from Kos?

7 A. Yes, that was my best way to pick up press  
8 releases on the company.

9 Q. In the -- after the attendees paragraph, in the  
10 second -- well, two paragraphs down, the second  
11 sentence there, it starts, "The initial Niaspan  
12 marketing approach is viewed as unrealistic, attempting  
13 to pursue first line therapy status against the statins  
14 for close to the same cost."

15 Do you know what this was referring to?

16 A. Yes, I do.

17 Q. And what was it referring to?

18 A. Kos marketed their product as a first-line  
19 therapy for lowering LDL, and that's not its role in  
20 the cholesterol market. The role is as an adjunct to  
21 statins and as combination therapy.

22 Q. And then if you skip down a little bit there to  
23 where it starts, "The general perception is that  
24 Niaspan will likely be forced to modify its marketing  
25 strategy in the near future, which may affect the

1 principal tablet strength prescribed."

2 What's that referring to?

3 A. Well, we felt that with their first-line  
4 therapy market introduction that that just wasn't going  
5 over well, and as we could tell, they were having  
6 difficulties trying to promote this product in direct  
7 competition with statins, and so we didn't know which  
8 strength would become most popular when they might have  
9 to change their strategy and marketing.

10 Q. But your decision as to the tablet strength was  
11 based on what Kos was doing?

12 A. Yes.

13 Q. If you go down to the bottom of the page, it  
14 says, "It was determined that Marketing will continue  
15 to accrue Niaspan data and provide monthly updates.  
16 Upsher-Smith representatives attending the American  
17 Heart Association conference will look for Niaspan  
18 presence and summarize the available information."

19 What's that referring to?

20 A. It meant that we were going to have continuous  
21 monitoring of what Kos was doing with their Niaspan  
22 product.

23 Q. Now, this meeting is in -- appears to be on  
24 November 7th, 1997. Do you know what happened to Kos  
25 subsequently?

1           A. Sometime in November they released their sales  
2 results, and they were not very strong.

3           Q. And did that have any significance to  
4 Upsher-Smith's decisions on its ANDA for niacin --  
5 Niacor-SR?

6           A. Yes, it did.

7           Q. Do you know when the ANDA was put on hold?

8           A. Fairly quickly after that information was  
9 received. They weren't meeting sales expectations, and  
10 it meant a decreased opportunity for Upsher-Smith.

11          Q. Couldn't Upsher-Smith have continued with its  
12 product even though Kos' product hadn't done well at  
13 that time?

14          A. We could have, but you typically look at what  
15 type of market the innovator has as to whether you'd  
16 want to introduce a generic.

17          Q. And would it have been any different if you  
18 were talking about an NDA rather than the ANDA, which  
19 is based on an innovator?

20          A. Yes, it would make some difference, but if  
21 someone enters the market with a similar product and  
22 they fail to get a large following, how are you going  
23 to come out with a very similar product right after  
24 that and generate improved sales if you don't have  
25 anything that's unique?

1 MR. CARNEY: Your Honor, I'm at a natural  
2 breaking point if you wanted to stop for a break, or I  
3 can continue as the Court pleases.

4 JUDGE CHAPPELL: Let's go until past 11:15.

5 MR. CARNEY: Good enough, Your Honor.

6 BY MR. CARNEY:

7 Q. Dr. Halvorsen, were you involved with any  
8 presentations to other companies by Upsher-Smith  
9 regarding licensing Niacor-SR?

10 A. Yes, I was.

11 Q. And do you recall what companies those were?

12 A. We presented to Searle in Chicago and four  
13 European companies.

14 Q. What kind of company is Searle?

15 A. Searle's a multinational pharmaceutical firm.

16 Q. And do you recall when that Searle presentation  
17 was?

18 A. It was the end of May 1997.

19 Q. And do you recall what the purpose of the  
20 presentation was?

21 A. The purpose was to present Niacor-SR to them  
22 and determine their interest in licensing Niacor-SR.

23 Q. Do you recall who attended on behalf of  
24 Upsher-Smith?

25 A. Yes, I do.

1 Q. Who was that?

2 A. It was myself, Vickie O'Neill, Lori Freese and  
3 Dr. Greg Brown and Dr. Claude Drobnes.

4 Q. Do you recall what the format of the  
5 presentation was?

6 A. The format was to present the cholesterol  
7 market, present the role of niacin in the  
8 cholesterol-lowering market, and then for myself to  
9 present the preliminary results of the two pivotal  
10 studies, the 115 and 221.

11 Q. Can I ask you to turn to what's the next  
12 exhibit in the binder? It's USX 538.

13 Could you identify that document for me,  
14 please, when you have a chance to look at it?

15 A. It's -- the first page is the end of a  
16 three-ring binder.

17 Q. You mean the -- by "end," do you mean spine?

18 A. Yes. And the contents appear to be my  
19 presentation -- overhead presentation slides and with  
20 an agenda for the Searle meeting.

21 Q. And was all of this exhibit, all of these  
22 pages, presented to Searle?

23 A. Most likely not. The majority of it was, but I  
24 always carried a couple backup slides with detailed  
25 information where I think they might ask a question.

1           Q. Did they receive -- was it done by overhead as  
2 well as hard copy presentation?

3           A. Well, these appear to be the majority of my  
4 personal overhead slides with -- the front appears to  
5 be similar to a handout, to what they were given. They  
6 were given a hard copy, a small reduced, of the slides  
7 that were presented at the meeting.

8           Q. And as I'm looking at the second page of this  
9 document, it says under what is Roman V, "Niacor-SR,  
10 Clinical Studies, Dr. Mark Halvorsen."

11                   What was it that you discussed regarding  
12 clinical studies?

13           A. I presented the efficacy information at this  
14 meeting.

15           Q. And then do you see where also it says below  
16 that, "Safety, Dr. Claude Drobnes"?

17                   What -- do you recall what she discussed?

18           A. Dr. Drobnes presented the safety information.  
19 She and I acted as safety monitors during the treatment  
20 phase of the study, so she was familiar with the safety  
21 information.

22           Q. Did she have any other role with regard to  
23 Niacor-SR clinical studies?

24           A. Yes, besides the treatment phase, her group  
25 also was the group completing the final study reports

1 for the Niacor-SR individual studies, and then  
2 preparing the ISS and ISE.

3 Q. And then under VI it says, "Niacin-Practical  
4 Applications, Dr. Greg Brown."

5 What was Dr. Greg Brown's role?

6 A. Dr. Brown was -- his role was to present niacin  
7 in a practical sense, meaning how does he use niacin in  
8 his practice, what does he see as the advantages of  
9 niacin, and really to bring his -- a world-renowned  
10 physician into -- with Upsher-Smith in representing us.

11 Q. And how was -- how was Upsher -- how did  
12 Upsher-Smith come to have Greg Brown join them for this  
13 trip?

14 A. We had been working with Dr. Brown, supplying  
15 him with niacin for his various studies that he was  
16 performing. We primarily provided him with our  
17 Slo-Niacin product and with immediate release niacin.

18 Q. Do you recall whether Searle expressed interest  
19 in Niacor-SR to you?

20 MS. BOKAT: Objection, hearsay.

21 JUDGE CHAPPELL: What are you offering it for?

22 MR. CARNEY: I'm offering it for what Upsher --  
23 Upsher-Smith's understanding of Searle's interest was,  
24 not what their actual interest was.

25 JUDGE CHAPPELL: Are you offering it for the

1 truth of the matter asserted?

2 MR. CARNEY: No, I'm not, Your Honor, just for  
3 what Upsher-Smith understood.

4 MS. BOKAT: I don't know that what Upsher-Smith  
5 understood is relevant.

6 MR. CARNEY: Your Honor, part of complaint  
7 counsel's allegations is that Niacor-SR is somehow not  
8 a legitimate drug or not worth the value -- worth  
9 significant value. Whether or not -- and they have  
10 also raised a contention as to whether or not anyone  
11 was bidding or interested in the product. What  
12 Upsher-Smith understood about the interest in the  
13 product is highly relevant.

14 JUDGE CHAPPELL: Well, we're not to relevance  
15 yet. Nobody's saying it's not relevant. And the  
16 question was does he recall if they expressed interest.  
17 It calls for his state of mind, so therefore I'm going  
18 to overrule the objection. You may answer.

19 Susanne, would you read the question back.

20 (The record was read as follows:)

21 "QUESTION: Do you recall whether Searle  
22 expressed interest in Niacor-SR to you?"

23 THE WITNESS: Yes, they did.

24 BY MR. CARNEY:

25 Q. And what was that expression?



1           A. They were interested in the product, but they  
2           had a higher priority item that they wanted to take  
3           care of immediately. They were launching a large  
4           product, so they were definitely interested, they just  
5           needed a little more time so that they could launch  
6           this other product first.

7           Q. And do you know how much time they needed?

8           A. No, I don't.

9           Q. Did you have any follow-up with Searle  
10          personally?

11          A. No, I did not.

12          Q. Why not?

13          A. That was the role of Vickie O'Neill, who's here  
14          on the agenda. She was in charge of business  
15          development, and follow-up was to be taken care of by  
16          her.

17          Q. Now, you mentioned you were involved in  
18          presentations to other companies. Which companies were  
19          those?

20          A. There were four companies in Europe, two in  
21          Paris and two in Barcelona, Spain.

22          Q. And do you know what the purpose of -- what was  
23          the purpose of those presentations?

24          A. The purpose was to determine their interest in  
25          licensing Niacor-SR for Europe.

1           Q. Did you have an understanding at that time as  
2           to what kind of European partner Upsher-Smith was  
3           looking for?

4           A. We did not have the expertise in marketing a  
5           product in Europe or getting a product approved in  
6           Europe, so we were looking for a company that would be  
7           able to understand the regulations in Europe and to  
8           market the product across Europe in multiple countries.

9           Q. And what was the format of the presentation  
10          used in Europe?

11          A. Similar to the Searle presentation in that we  
12          would introduce the lipid-lowering market, introduce  
13          the role of niacin in that market, and then I would go  
14          over the preliminary results from the pivotal studies.

15          Q. What sort of media did you use to make the  
16          presentation?

17          A. Overhead presentations.

18          Q. And were there hard copies as well?

19          A. Hard copies were distributed to the attendees,  
20          and I had my own hard copy with slides.

21          Q. Can you turn, please, to what is CX 1023? Can  
22          you identify that for me, please?

23          A. This appears to be my hard copy of the  
24          presentation.

25          Q. This looks pretty similar to the last document.

1 How do you know this is from the European -- from that  
2 presentation?

3 A. Well, if you look through and get up to --  
4 let's see, it's page 094141, and if you look at the  
5 introduction slides, they were tailored to what was  
6 going on in Europe, using the European Society of  
7 Cardiology, the British Heart Foundation. That implies  
8 that we were using -- we were presenting this to  
9 Europe.

10 And then if you go to the last page of the  
11 document, 094199, I actually wrote down the name of the  
12 perfume my wife wanted me to buy in Paris.

13 Q. Okay. What was your role in that presentation?

14 A. I was to present the clinical safety and  
15 efficacy information.

16 Q. And what was Ms. O'Neill's role in the  
17 presentation?

18 A. She was there to represent business development  
19 and to serve as the future contact with these  
20 companies.

21 Q. And you made a presentation at each one of  
22 these companies separately?

23 A. Yes, we did.

24 Q. Was anyone else present from Upsher-Smith for  
25 these presentations?

1           A. It was myself and Ms. O'Neill, and then in  
2 Paris, a gentleman, David Pettit, joined us.

3           Q. Who is David Pettit?

4           A. He represents a business development firm in  
5 Europe.

6           Q. And why was he there?

7           A. He was serving as a consultant for  
8 Upsher-Smith.

9           Q. Had he helped you arrange these meetings?

10          A. Yes, he had.

11          Q. Do you recall when you returned from the  
12 European trip?

13          A. Yes.

14          Q. When was that?

15          A. That was in early June 1997.

16          Q. And had the -- any of the European companies  
17 expressed interest in Niacor-SR?

18          A. Yes, they had.

19          Q. Do you recall the level of interest?

20          A. It varied depending on the company. Pierre  
21 Fabre was the most interested, and Servier was probably  
22 the least interested.

23          Q. And what indicated to you that they had a level  
24 of interest?

25          A. Their knowledge of the cholesterol-lowering

1 marketplace and the types of questions that they asked.  
2 Pierre Fabre was very knowledgeable in the area of  
3 niacin and in the lipid-lowering field in general.

4 Q. And how did you leave it with these companies  
5 as far as what was to happen next?

6 A. All future communication would go through Ms.  
7 O'Neill.

8 Q. Did they give you any sense of time frame as to  
9 when they would be communicating with Ms. O'Neill?

10 A. It ranged from approximately a month to several  
11 months.

12 MR. CARNEY: Your Honor, I've reached another  
13 natural breaking point if you wish to take a break.

14 JUDGE CHAPPELL: Okay, let's take a break for  
15 15 minutes. We'll recess until 11:35.

16 (A brief recess was taken.)

17 JUDGE CHAPPELL: Mr. Carney, you may continue.

18 MR. CARNEY: Thank you, Your Honor.

19 BY MR. CARNEY:

20 Q. When we broke, we were just wrapping up with  
21 the European presentation. Do you know if those  
22 companies signed a confidentiality agreement with  
23 Upsher-Smith?

24 A. Yes, they had to prior to my presenting the  
25 clinical safety and efficacy information.

1 Q. After you came back from Europe, did there come  
2 a time when you became aware that Upsher-Smith had  
3 found a European -- a licensing partner for Niacor-SR?

4 A. Yes.

5 Q. And who was that partner?

6 A. That partner was Schering-Plough.

7 Q. And do you recall when that was?

8 A. Sometime in June.

9 Q. What was your involvement with that license  
10 agreement?

11 A. I had little, if any, involvement. The only  
12 thing I did was review some trade names, names that FDA  
13 has, you know, established specific ways to say the  
14 name for Paul Kralovec.

15 Q. Do you recall what products those were?

16 A. Those were Klor Con 8 and 10, our wax matrix  
17 product, pentoxifylline, Prevalite and the Niacor-SR.

18 Q. What effect, if any, did the fact that Schering  
19 was licensing the product have on your work on  
20 Niacor-SR in the summer of '97?

21 A. It had no effect.

22 Q. And why was that?

23 A. Because we were going forward with our NDA and  
24 the primary activity was to complete the final study  
25 reports and the ISS/ISE.

1 Q. And did you have any communications with anyone  
2 at Schering at that time?

3 A. Yes, I did.

4 Q. And who did you communicate with?

5 A. Jim Audibert.

6 Q. Do you know what his position is?

7 A. I don't know his exact title, no.

8 Q. And do you remember how you communicated with  
9 him?

10 A. Via fax and telephone.

11 Q. Do you remember how many communications you had  
12 with him?

13 A. No, we had several, but I don't know the exact  
14 number.

15 Q. May I ask you to turn in the exhibit binder to  
16 what is marked as the next tab, USX 189, ask you to  
17 identify that document.

18 A. That is a fax from Mr. Audibert to myself.

19 Q. And do you remember receiving this fax?

20 A. Yes, I do.

21 Q. And do you recall -- do you see in the first  
22 sentence where it says, "Mark, as a follow-up to our  
23 recent discussions, I would like to arrange a meeting  
24 at Upsher-Smith for the week of September 15 so that  
25 our regulatory and clinical people can meet with you to

1 review the Niacor-SR dossier and discuss filing  
2 strategies."

3 Do you recall your having discussions with him  
4 prior to this August 14 fax?

5 A. I had some discussions, yes.

6 Q. And do you remember what it was you discussed?

7 A. We discussed the final study reports.

8 Q. Which study reports were those?

9 A. The reports for our two pivotal trials and for  
10 our two follow-on studies.

11 Q. And then further down it says, "Please let me  
12 know which day of that week would be best. It is  
13 important that we schedule a meeting that week as that  
14 is the only time in September and October that our head  
15 of European Regulatory is available."

16 Did you have any discussions with him prior to  
17 this fax about that meeting?

18 A. Yes, that was part of the discussions.

19 Q. And when you received this fax, what did you  
20 do, if anything?

21 A. Actually, we talked again, and we did not have  
22 the final study reports complete at that point in time,  
23 and so we weren't ready for a meeting on this week of  
24 September 15th.

25 Q. Do you recall what you had ready or available



1 at that time?

2 A. Specifically what was ready, no. We were -- we  
3 had draft results, but we did not have what we  
4 considered to be clean data. We had to dot some Is,  
5 cross some Ts, and we felt we needed that prior to  
6 meeting with their group.

7 Q. Do you know at this time, the July-August time  
8 frame, what Upsher-Smith's plan for its NDA was?

9 A. We were planning to file the NDA here in the  
10 States.

11 Q. And do you remember the time frame that you  
12 were planning to file it in at that time in July-August  
13 of '97?

14 A. By the end of the year.

15 Q. And that's the end of 1997?

16 A. Correct.

17 MR. CARNEY: Your Honor, at this time I'd like  
18 to move for the admission of USX 189 into evidence.

19 JUDGE CHAPPELL: Any objection?

20 MS. BOKAT: No, Your Honor.

21 MR. RAOFIELD: No, Your Honor.

22 JUDGE CHAPPELL: USX 189 is admitted.

23 (USX Exhibit Number 189 was admitted into  
24 evidence.)

25 BY MR. CARNEY:

For The Record, Inc.  
Waldorf, Maryland  
(301) 870-8025

1           Q. Do you recall if you sent anything out -- if  
2           you had any further communications with Mr. Audibert  
3           about this October 14th communication?

4           A. Yes, I did. I requested that one of my staff  
5           members send him the protocols for the four studies.

6           Q. And why did you do that?

7           A. Because that would provide them with some  
8           information, since the final study reports weren't  
9           complete at that point, that they could start digging  
10          into how we studied the drug.

11          Q. And can you turn to the next exhibit, USX 727  
12          in the binder. Can you identify that once you have had  
13          a chance to look at it?

14          A. That's the cover letter from one of my staff  
15          members, Marge Garske, sending the protocols to Mr.  
16          Audibert.

17          Q. And do you know which protocols those were?

18          A. Those were the two pivotal trials, the 115 and  
19          the 221, and the follow-on studies, the 837 and 944.

20          Q. And do you know if Ms. Garske had any other  
21          communications with Mr. Audibert?

22          A. She may have. I believe he asked for some  
23          additional information.

24          Q. Do you recall what that information was?

25          A. It had to do with the clinical investigators,

1 the physicians who were studying our medication.

2 Q. Can you turn, please, to the next exhibit,  
3 which is CX 366, and could you identify that document,  
4 please?

5 A. That's the actual letter from Mr. Audibert  
6 requesting information on our investigators.

7 Q. Did you have any objections to Ms. Garske  
8 providing this information to Mr. Audibert?

9 A. No.

10 Q. Do you recall if you asked her to provide it?

11 A. No, I don't. I don't recall.

12 Q. Do you remember any other communications you  
13 had with individuals at Schering-Plough in this time  
14 frame?

15 A. Mr. Audibert was the only person I communicated  
16 with.

17 Q. Okay. If you could turn to the next document,  
18 please, which is Bates labeled USX 361, and it's a fax,  
19 and I think the second page is clearer than the first,  
20 if you could look at it and once you've had that chance  
21 identify it for me, please.

22 A. I've looked at it.

23 Q. And what is that document?

24 A. It's a letter from Vickie O'Neill to Mr. Ray  
25 Kapur at Warrick Pharmaceuticals regarding

1     pentoxifylline.

2           Q.   And you're copied on the bottom, do you see  
3     that, Mark Halvorsen?

4           A.   Yes.

5           Q.   Do you recall what this concerned?

6           A.   Warrick had asked for a complete copy of our  
7     ANDA for pentoxifylline, and at that point -- Warrick  
8     is a competitor of ours, and we wanted to only provide  
9     them with the information that was necessary to obtain  
10    approval in Europe and not necessarily the entire ANDA.

11          Q.   And pentoxifylline is one of the drugs you said  
12    you reviewed that was on the license agreement list?

13          A.   That is correct.

14          Q.   What is pentoxifylline?

15          A.   It's a generic for the brand name Trental.  
16    It's for intermittent claudication.

17          Q.   What does that mean?

18          A.   What that is is it's -- in the periphery, as  
19    you get decreased sizes of your arteries, blood cells  
20    have a hard time getting and giving oxygen to those  
21    tissues, and it actually allows red blood cells to be  
22    more flexible and to make it through the tighter spaces  
23    and deliver oxygen.

24          Q.   And were you involved at all in responding  
25    to -- in connection with providing information to

1 Schering-Plough regarding pentoxifylline?

2 A. I had a concern about providing them with the  
3 entire ANDA, and I had expressed that to Vickie, so  
4 that she could then find out which important parts they  
5 needed.

6 Q. And what was your concern at the time?

7 A. Just that they were a competitor, and I didn't  
8 want them to have the entire ANDA and see how we put  
9 things together that might give them an advantage. I  
10 just wanted to provide them with the necessary  
11 information.

12 Q. And in your view, what would the necessary  
13 information be?

14 A. The biostudy.

15 Q. In October of '97, what was the approval status  
16 of Upsher-Smith's ANDA for pentoxifylline?

17 A. In October, it was not approved yet.

18 Q. And do you know why it was not approved at that  
19 time?

20 A. Yes. In July of '97, we had received a letter  
21 from the FDA stating that one of our bioequivalent  
22 studies was not acceptable.

23 Q. Okay. Let me take you back to June of '97.  
24 Had the ANDA been filed at that time?

25 A. Oh, yes.

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1           Q. And did you as director of clinical at  
2           Upsher-Smith have any expectation as to when it was  
3           going to be approved?

4           A. I was expecting it to be approved in the first  
5           round of approvals, which was early July.

6           Q. And when you say the first round of approvals,  
7           what do you mean by that?

8           A. That was when the exclusivity for the innovator  
9           drug, the Trental, expired.

10          Q. So, you expected to be -- you expected  
11          pentoxifylline to be approved upon the expiration of  
12          the innovator. Is that correct?

13          A. That's correct.

14          Q. And that was for July of '97?

15          A. Yes, it was.

16          Q. And when did you find out that that wasn't  
17          going to happen?

18          A. Well, at the time the first generics were  
19          approved, two or three days thereafter, we received a  
20          letter from the agency saying our one bioequivalence  
21          study was not acceptable.

22          Q. So, that was July of '97, you were told your  
23          study was not acceptable?

24          A. That is correct.

25          Q. And did you eventually get approval for

1     pentoxifylline?

2           A.   Yes, we did.

3           Q.   And when did that occur?

4           A.   That didn't occur until 1999.  We had actually  
5   made some arguments to the FDA.  They did not agree  
6   with our arguments to accept our study.  We went and  
7   repeated the study, and one week before we were  
8   submitting this entire repeated study, they decided to  
9   accept our original study, and they gave us approval  
10  then.

11          Q.   So, in October 1999, they told you that the  
12  study that they had rejected as deficient in July was,  
13  in fact, sufficient for approval?

14          A.   Yes, they changed their mind and decided it was  
15  acceptable.

16          Q.   Do you know how much -- how much of a delay in  
17  total that was for Upsher-Smith as far as getting the  
18  product onto the market?

19          A.   It was over a year delay.

20          Q.   But in June of '97, you thought you were going  
21  to get the product on the market when?

22               MS. BOKAT:  Objection, leading.

23               MR. CARNEY:  I think it asks him when, Your  
24  Honor.

25               JUDGE CHAPPELL:  Overruled.  He's not

1 suggesting an answer. He asked when.

2 THE WITNESS: I expected to receive approval  
3 when the first -- when the exclusivity expired with  
4 some of the first products in July of '97.

5 BY MR. CARNEY:

6 Q. Okay, I am going to shift here a little bit and  
7 ask you to get out the blue binder there, Volume 23,  
8 USX 1146 to USX 1266, there are a couple of exhibits in  
9 that binder.

10 If you could turn, please, to USX 1188, and we  
11 were talking about these exhibits earlier, and I think  
12 you said they were the conference calls minutes and  
13 agendas, and this is one that is dated July 22, 1997,  
14 and if you could turn to the -- if you could turn to  
15 the second page, do you see where it says, "Attendees:  
16 USL, Mark Halvorsen"? That means you were on this  
17 phone call?

18 A. Yes, I was.

19 Q. And if you'd turn to the last page where it  
20 says, "VI, Other Issues, A, Timelines, October 31, 1997  
21 is NDA submission date," what did that mean?

22 A. That was the date that we were looking to have  
23 everything completed to file this NDA.

24 Q. And that's the Niacor-SR NDA?

25 A. That is correct.



1           Q. Okay. And then if we move forward to USX 1190,  
2           and this appears to be another conference call, August  
3           8, 1997, and if you'd turn to the last page of this  
4           August communication, you've got VI, Other Issues, and  
5           then it says, "Major decisions are being made by USL  
6           regarding NDA submission. Niacor competitor received  
7           approval this week and this may affect NDA strategy."

8                     What did that refer to?

9           A. That was referring to the approval of Kos'  
10          Niaspan product.

11          Q. And why had you told -- why had this been  
12          included in the conference call?

13          A. Because that was an important event. They were  
14          our main competitor, and ClinTrials knew that they were  
15          our main competitor, all our CROs knew that, and we  
16          were under a time constraint. So, we were watching  
17          Kos, and it was going to be a major item we needed to  
18          discuss internally at Upsher-Smith.

19          Q. Okay. And then moving to USX 1192, this is  
20          another fax dated August 11, 1997, and the second page  
21          says "Minutes," and then if you turn to the last page  
22          where it says, "VI, Other Issues, Competitor's approval  
23          will not affect the current plan for submission,"  
24          what's that referring to?

25          A. It remains a -- it basically is informing our

1 CROs that we had reviewed the approval of Kos' Niaspan  
2 product, and that was not going to affect our current  
3 plan for the NDA submission.

4 Q. Okay, and I'm going to skip forward in time a  
5 bit more to USX 1216, and this is a fax that says,  
6 "Minutes," on the front, October 24, 1997, and this is  
7 page Upsher-Smith-FTC-093521, and at the bottom, under  
8 920944, "A, Analysis Update," and the second bullet  
9 point -- are you with me here? Okay, "Daily conference  
10 calls have been scheduled with NT during their review  
11 of the draft tables."

12 Who is NT again?

13 A. NT is NovaTech Sciences, our statistical CRO.

14 Q. And what's this referring to?

15 A. They were having daily conferences with  
16 ClinTrials Research at that time, because we really  
17 wanted to meet our time lines, and in order to do that,  
18 we needed to set up daily calls.

19 Q. And this was in the fall of '97 -- withdraw  
20 that.

21 I'll move forward to USX 1226, and this takes  
22 us to a December 16, 1997 fax, and do you see the first  
23 page says, "Minutes"? And then on the second page --  
24 well, on what is the third page of the fax, it says,  
25 "VI, NDA," and down at the bottom here of

1 Upsher-Smith-FTC-093953, the third bullet point under  
2 NDA says, "Mark Halvorsen informed the team that  
3 although USL is not going forward with filing the NDA  
4 there is a possibility that they will proceed in  
5 Europe."

6 What was this referring to?

7 A. At that point in time, Upsher-Smith had made  
8 the decision that filing the NDA in the United States,  
9 we had decided not to do that.

10 Q. And what was it referring to as to the  
11 possibility that they will go forward in Europe?

12 A. Is that we had a European partner in  
13 Schering-Plough and that they most likely would go  
14 forward.

15 Q. Okay. And then moving forward in time to USX  
16 1235, a fax dated January 12, 1998, and the first  
17 page -- the second page says, "January 9, 1998  
18 Minutes," and if you turn to the next page, do you see  
19 where it says, "IV," at the bottom, and it says, "ISS  
20 (115, 221)," what does that refer to?

21 A. That's integrated summary of safety.

22 Q. And that was an independent discussion item in  
23 these minutes?

24 A. Yes, it's really the compilation of the safety  
25 information contained within your clinical trials.

1           Q. And then at the very bottom there's a bullet  
2 point, the second one out towards the margin, and it  
3 says, "Draft tables - date to be determined. USL will  
4 be providing the ISS draft tables to their European  
5 partner. NT will QA the draft tables."

6           What does "QA" mean?

7           A. Quality assurance. It means reviewing the  
8 tables for accuracy.

9           Q. And why were you informing ClinTrials that you  
10 would be providing the ISS draft tables to your  
11 European partner?

12          A. Because we expected the partner to go forward,  
13 and we needed to live up to our commitment to provide  
14 all of the documentation.

15          Q. What was the status of Upsher-Smith's NDA at  
16 this time internally at Upsher-Smith?

17          A. Upsher-Smith had determined that we would not  
18 go forward with the NDA in the United States.

19          Q. And do you know what the status of the ANDA  
20 project was?

21          A. At this point, we had discontinued the ANDA  
22 project as well.

23          Q. But you were still communicating with  
24 ClinTrials about all this work?

25          A. Yes.

1           Q. And then I'm going to skip forward a bit more  
2 to -- in time to USX 1258, and this is a fax dated  
3 March 26, 1998, and the second page says, "Agenda,  
4 March 27, 1998," and it's got handwriting on it.

5           Do you recognize the handwriting there?

6           A. Yes, that's my handwriting.

7           Q. And did you -- do you recall why you wrote on  
8 this document?

9           A. Yes, it was to document that I had notified the  
10 CROs that our European partner, or Schering, was not  
11 going to pursue their submission.

12          Q. Okay. Are you looking at the what is the third  
13 page of the fax, Upsher-Smith-FTC-093868?

14          A. Yes, with Roman numeral V, the ISS.

15          Q. It says, "Notified CTR that European partner  
16 will not pursue submission," is that what you're  
17 referring to?

18          A. Yes, I am.

19          Q. Do you know when you wrote this on the  
20 document?

21          A. During the teleconference.

22          Q. Was that your practice?

23          A. Yes, I would take notes on the agendas.

24          Q. And then if you would skip to USX 1260, a fax  
25 dated March 27, 1998, do you see the second page says,

1 "March 27, 1998 Minutes"?

2 A. Yes.

3 Q. And then on the next page, point IV, "ISS (115,  
4 221), A, Analysis Update," and then in that paragraph,  
5 do you see where it says, "M. Halvorsen informed us  
6 that this will be the final iteration for the tables.  
7 USL's European partner has decided not to proceed with  
8 the drug."

9 Do you recall what that was relating to?

10 A. That was the typed minutes of what I had told  
11 them during the teleconference.

12 Q. And earlier I believe you testified that this  
13 was your understanding based on a meeting at  
14 Upsher-Smith?

15 A. Yes.

16 Q. And the last sentence in that paragraph says,  
17 "M. Halvorsen confirmed that 'draft' is acceptable on  
18 the tables."

19 What's that relating to?

20 A. It's meaning that we had not actually completed  
21 the ISS, and we would take to -- through QA process or  
22 reviewing of the data, and we would expect the draft as  
23 is.

24 Q. And then if you move to Exhibit USX 1263, this  
25 is April of 1998. It says, "Minutes," and then on the

1 second page, you've got under point III, 920944, point  
2 B, "Analysis Update, Per M. Halvorsen, the draft tables  
3 will be considered Final."

4 Why was the draft table to be considered final?

5 A. At this point, since Upsher-Smith was not going  
6 forward in the United States and Schering was not going  
7 forward in Europe, we were wrapping up the activities.

8 Q. And at the bottom where it says V, "ISS (115,  
9 221)," there's a paragraph under Analysis Update, the  
10 third sentence, "Per M. Halvorsen, life table analyses  
11 will not be run. ISS is essentially done and there  
12 will be no review of the tables."

13 What's this referring to?

14 A. It's referring to the fact that we would accept  
15 the tables as they were and we were not going to  
16 perform QA and that we would not actually complete the  
17 life table analysis.

18 Q. And then moving to USX 1265, a fax dated May  
19 19th, 1998, it says on the second page, "Agenda," and  
20 then under I, where it says 920115, point A, it says,  
21 "CRFs - 91 boxes - projected date to ship 5/22."

22 What did that refer to?

23 A. As part of record retention, we need to keep  
24 the case report forms, which is what CRF stands for,  
25 that's the data page where the information regarding

1 individual patients is entered, and ClinTrials, as part  
2 of the wrap-up, was sending all of the paper  
3 documentation back to us for storage.

4 Q. And then at point IV, it says, "920837, A, Data  
5 Management Update," and then it talks about, "1, Final  
6 coding with sign-off."

7 What was that referring to?

8 A. The 837 study was our lowest priority study,  
9 had the smallest number of patients. So, we hadn't  
10 gotten into working on the actual final report. We  
11 were just up to locking the database.

12 Q. And then point V, "Other, USL, please confirm  
13 the address for shipping," and then it has Upsher-Smith  
14 Laboratories and an address below that.

15 What was that related to?

16 A. That's where all of the pallets of documents  
17 were to be shipped.

18 Q. And when you say "pallets of documents," what  
19 are you referring to?

20 A. The wooden shipping pallets. We filled up a  
21 lot of them with paper documents. They shipped  
22 probably about a truckload to us.

23 Q. And what were those documents?

24 A. Those were all of the case report forms for  
25 every single patient that had been enrolled in any



1 study, and then all of the subsequent data analyses,  
2 draft reports, final reports, everything associated  
3 with our investigation of Niacor-SR.

4 Q. And did that include final study reports as  
5 well?

6 A. Yes.

7 Q. And ISS information?

8 A. Yes.

9 Q. And ISE information?

10 A. I believe so.

11 Q. Do you know in total about how many boxes were  
12 sent to Upsher-Smith with this information?

13 A. Several hundred.

14 Q. Once they got to Upsher-Smith, what happened to  
15 this information?

16 A. We had to integrate our in-house information  
17 with this documentation and fully store the product,  
18 all of the information, whether it be study medication  
19 that was used for the product, our internal  
20 communications with each of the investigational sites,  
21 just it's integrating all of the documents that are  
22 generated in the study.

23 Q. How much internal information was there in the  
24 Clinical Research Department at Upsher-Smith?

25 A. A lot. Multiple five-drawer, 48-inch-wide file

1 cabinets, we had pallets in our warehouse, I think we  
2 ended up with about 30 pallets of documents.

3 Q. Any sense of how many boxes of documents you  
4 can get on a pallet?

5 A. Maybe nine or ten per level and then four  
6 levels, so about 40 boxes.

7 Q. Do you know what the total amount of money was  
8 that Upsher-Smith spent on Niacor-SR through the end of  
9 1998?

10 A. \$14 to \$15 million.

11 Q. In your career at Upsher-Smith, what has been  
12 the most time-consuming clinical project you've worked  
13 on?

14 A. Niacor-SR.

15 Q. And when Upsher-Smith eventually decided not to  
16 go forward with Niacor-SR after spending all that  
17 money, in your experience, was that unusual?

18 A. No. Companies can walk away from a product at  
19 any stage of development. When I was at  
20 Hoffman-LaRoche, we had spent several hundred million  
21 dollars preparing a product, filing the NDA, and we  
22 actually received approval for it, and we never  
23 marketed the product.

24 Q. Do you know why that product was never  
25 marketed?

1           A. Because it was what's called a me-too product,  
2 meaning it was in a category of drugs, some quinoline  
3 antibiotics, that there were several products,  
4 approximately eight or nine, on the marketplace  
5 already, and there was nothing unique about our  
6 product. So, for us to gain a niche or be able to sell  
7 it, you had nothing to rely upon. It was just another  
8 same old quinoline.

9           MR. CARNEY: Thank you, Dr. Halvorsen.

10           I have no further questions at this time, Your  
11 Honor.

12           JUDGE CHAPPELL: Any cross?

13           MS. BOKAT: Yes, please, Your Honor.

14           JUDGE CHAPPELL: What about the matter of the  
15 exhibits that were offered and we have a pending  
16 objection?

17           MR. CARNEY: We didn't have an opportunity to  
18 discuss that at the break. I thought they might want  
19 some time. I'm sure we'll confer and hopefully reach a  
20 result today.

21           JUDGE CHAPPELL: Okay, thank you.

22           MR. RAOFIELD: Your Honor, I have two very  
23 brief questions on behalf of Schering. I don't mind  
24 waiting until after cross --

25           JUDGE CHAPPELL: This is direct exam, right?

1 MR. RAOFIELD: Sure, yes, Your Honor.

2 JUDGE CHAPPELL: You may proceed.

3 Do you object to that, Ms. Bokat?

4 MS. BOKAT: I do not, Your Honor.

5 JUDGE CHAPPELL: Go ahead when you're ready.

6 DIRECT EXAMINATION

7 BY MR. RAOFIELD:

8 Q. Good morning, Dr. Halvorsen.

9 A. Good morning.

10 Q. Again, I'm Jason Raofield on behalf of  
11 Schering. I know we've met before, met at your  
12 deposition. I just have a couple quick questions for  
13 you.

14 You were just speaking with Mr. Carney about  
15 the process of archiving the documents and gathering  
16 the documents after you terminated the NDA project. Do  
17 you recall that?

18 A. Yes.

19 Q. And Mr. Carney was going through the binder  
20 with you up through the May 1998 period where you were  
21 collecting the materials from the third parties. Do  
22 you recall that?

23 A. Yes.

24 Q. And you said that subsequent to that period,  
25 Upsher-Smith had some work to do internally to complete

1       that process of collecting and storing those materials.

2       Do you recall that?

3           A.   Yes.

4           Q.   I'd like to show you a document, and I  
5       apologize, I only have one copy, so I'm going to try to  
6       put it up on the screen here.

7                   This is a document dated -- it appears to be  
8       dated August 12th, 1998. It appears to be an e-mail  
9       from Marge Garske to Mark Halvorsen. Do you see that?

10          A.   Yes.

11          Q.   If you could take a look at the subject, it  
12       says, "Archiving of Niacor ISS files." And if you look  
13       at that e-mail, does this e-mail relate to the internal  
14       Upsher collection of materials that you were speaking  
15       of before?

16          A.   Yes.

17          Q.   And so this would indicate that as of August  
18       12th, 1998, the e-mail was sent to you on this subject?

19          A.   Yes.

20          Q.   And the e-mail reads, "Next Tuesday, I plan to  
21       start the process of listing the files of the ISS  
22       materials leading to their subsequent archival."

23                   Do you see that?

24          A.   Yes.

25          Q.   And would that indicate to you whether you had

1 completed this process as of August 12th, 1998?

2 A. For archiving the ISS files, it appears that we  
3 had not finished the archiving of that grouping.

4 MR. RAOFIELD: Your Honor, this document may be  
5 admitted into evidence as an exhibit number already. I  
6 don't have that. However, at this time, to be safe, I  
7 would move for the admission of the document, and I'd  
8 be happy to check on that and withdraw it if it -- if  
9 it does cause an overlap.

10 JUDGE CHAPPELL: You are going to have to have  
11 a number on it if you offer it, Mr. Raofield.

12 MR. RAOFIELD: Yes, Your Honor, could I take  
13 care of that and clean up this matter at the end of  
14 complaint counsel's cross examination or as we finish  
15 with this witness?

16 JUDGE CHAPPELL: Why don't we see if we have an  
17 objection to it.

18 MR. RAOFIELD: Yes, Your Honor.

19 MS. BOKAT: I don't have a copy of it, I don't  
20 believe.

21 MR. RAOFIELD: I can certainly get a copy. I  
22 think the answer is going to be that it's already on  
23 the list. It's just that there are roughly over a  
24 thousand documents. I haven't had a chance now --

25 JUDGE CHAPPELL: So, I interpret your request

1 as one to offer this later rather than now.

2 MR. RAOFIELD: Yes, Your Honor.

3 JUDGE CHAPPELL: All right.

4 BY MR. RAOFIELD:

5 Q. Mr. Halvorsen, just one other subject very  
6 briefly. If you take a look at the smaller of the  
7 three binders that were used during your examination,  
8 there was some discussion regarding the PK study. Do  
9 you recall that?

10 A. Yes.

11 Q. And there was discussion regarding the protocol  
12 at SPX 0331, if you could take a look at that.

13 A. Um-hum.

14 Q. During your testimony, I believe you referred  
15 to the PK study and were asked questions about it and  
16 you said it was relatively easy to do. Do you recall  
17 that testimony?

18 A. Yes.

19 Q. I'm going to direct your attention to the third  
20 page of the document, which is labeled  
21 Upsher-Smith-FTC-111279, and specifically to the top of  
22 that page, 3.1, Summary. Do you see that?

23 A. Yes.

24 Q. And it says, "This is a single-dose,  
25 open-label, randomized, four-way crossover study.

1 Healthy adult male and female subjects will receive a  
2 single dose of niacin (immediate-release or  
3 extended-release) four times during the study."

4 Now, I believe in your testimony you referred  
5 to this and you made reference to the fact that these  
6 were subjects and not patients. Do you recall that?

7 A. Yes.

8 Q. Could you explain what that distinction is?

9 A. A subject is a healthy individual that does not  
10 have the disease state related to the drug. All you're  
11 asking them to do is come in and take a single dose of  
12 the medication and have blood drawn.

13 Q. As opposed to?

14 A. As opposed to a patient that you're treating  
15 for your disease state, that you need to make sure they  
16 have the disease state and make sure that they would be  
17 appropriate candidates for long-term therapy with your  
18 medication.

19 Q. So, when you're conducting a study that  
20 requires that you enroll healthy subjects rather than  
21 patients who have, you know, a known condition, does  
22 that have any impact on the level of effort required to  
23 locate and enroll those patients?

24 A. Oh, they're easy to enroll, just locate it near  
25 a college, and you can recruit college students just



1       very easily.

2           Q.   And the last sentence in that paragraph says,  
3       "The subjects will remain in the clinic for the entire  
4       length of the study (17 days)."

5           Do you see that?

6           A.   Yes.

7           Q.   And is that consistent with your recollection  
8       as to the length of the study for this protocol?

9           A.   Yes, this study is very short, even shorter  
10       than some of our bioequivalence studies.

11          Q.   And 17 days is a little over two and a half  
12       weeks.  Is that your understanding?

13          A.   Yes.

14          Q.   How does that compare to the length of the  
15       studies for the Niacor-SR pivotal trials?

16          A.   Treatment in the clinical safety and efficacy  
17       trials were 33 weeks for a single patient, and then we  
18       had to enroll all of the patients into that study.  So,  
19       the treatment period of -- in our clinical trials went  
20       over a year.

21          Q.   And finally, under 3.2, Number of Subjects, the  
22       first sentence there reads, "Thirty-two healthy adult  
23       male and female volunteers and 6 alternatives will be  
24       enrolled."

25          Do you see that?

1 A. Yes.

2 Q. And is that consistent with your recollection  
3 as to the number of subjects for this study?

4 A. Yes.

5 Q. And how does that compare to the number of  
6 subjects in the Niacor-SR pivotal trials and follow-on  
7 trials?

8 A. I believe I discussed the pivotal -- two  
9 pivotal trials had approximately 900 patients enrolled,  
10 and the follow-on studies had approximately 300  
11 patients enrolled.

12 Q. Okay. And I think my last question, I missed  
13 it, in the second sentence under 3.1 was -- it referred  
14 to the healthy adult male and female subjects, and then  
15 at the end of the sentence, it goes on to say, "will  
16 receive a single dose of niacin four times during the  
17 study."

18 Do you recall that?

19 A. Yes.

20 Q. How often were subjects dosed in the Niacor-SR  
21 pivotal studies?

22 A. In the pivotal studies, they took the  
23 medication twice a day, so they're taking medication  
24 twice a day for 33 weeks.

25 Q. And this refers, when it says four times during

1 the study, it's talking about four times during the  
2 entire 17-day period?

3 A. A single dose of medication four times during  
4 the study.

5 MR. RAOFIELD: Thank you very much. No further  
6 questions, Your Honor.

7 JUDGE CHAPPELL: Ms. Bokat?

8 MS. BOKAT: Yes, Your Honor.

9 CROSS EXAMINATION

10 BY MS. BOKAT:

11 Q. Good afternoon, Dr. Halvorsen.

12 A. Good afternoon.

13 Q. Mr. Halvorsen, excuse me.

14 In February or March of 1997, the FDA asked  
15 Upsher-Smith to do a three or four arm PK study on  
16 Niacor-SR, did it not?

17 A. That is correct.

18 Q. Upsher-Smith representatives and the FDA  
19 actually met to discuss that PK study in February or  
20 March. Isn't that correct?

21 A. That is correct.

22 Q. The FDA requested that PK study in order for  
23 Niacor-SR to get an extended release indication,  
24 correct?

25 A. That is correct.

1 Q. And at that time, Upsher-Smith was planning to  
2 seek an extended release indication for Niacor-SR,  
3 correct?

4 A. Correct.

5 Q. And you talked earlier today about the protocol  
6 that Upsher-Smith actually sent to the FDA for that PK  
7 study, right?

8 A. Yes.

9 Q. Upsher-Smith kept all its correspondence with  
10 the FDA about Niacor-SR, did it not?

11 A. Yes.

12 Q. Those files were kept by your department,  
13 weren't they?

14 A. The regulatory affairs department, yes.

15 Q. Which is your department.

16 A. Yes, one of my two.

17 Q. Did you also in your department keep copies of  
18 all minutes of meetings with the FDA about Niacor-SR?

19 A. Yes, we did.

20 Q. If Schering-Plough in June of 1997 had asked  
21 for access to those files of correspondence and meeting  
22 minutes with FDA, your department would have been able  
23 to provide them, would they not?

24 A. Yes.

25 Q. If Schering had made a request for access to

1 the files of communications with FDA, that request  
2 would have come into your department, would it not?

3 A. Correct.

4 Q. In June of 1997, prior to June 17th, Schering  
5 didn't make any request for access to those files of  
6 communications with the FDA about Niacor-SR, did they?

7 A. Correct. Jim Audibert did request that we meet  
8 with the European regulatory individual.

9 Q. But that was after June 17th of 1997, wasn't  
10 it?

11 A. Correct.

12 Q. As of June 1, 1997, Upsher had a draft report  
13 of that pivotal 115 study, did it not?

14 A. Correct.

15 Q. As of June 1st, 1997, did Upsher have at least  
16 a draft of the 221 study?

17 A. We had draft data. I don't know if we had an  
18 actual draft report. I don't think we actually had a  
19 draft report in place.

20 Q. If Schering had asked for a copy of the draft  
21 report on the 115 study, that request would have come  
22 to your department, would it not?

23 MR. CARNEY: Objection, hypothetical, Your  
24 Honor.

25 JUDGE CHAPPELL: Overruled. She's not asking

1 for any kind of an opinion, just for an answer, so I'll  
2 overrule it.

3 MR. CARNEY: Yes, Your Honor.

4 THE WITNESS: Would you repeat the question,  
5 please?

6 MS. BOKAT: Would it be all right if she read  
7 it back, Your Honor?

8 JUDGE CHAPPELL: Yes.

9 (The record was read as follows:)

10 "QUESTION: If Schering had asked for a copy of  
11 the draft report on the 115 study, that request would  
12 have come to your department, would it not?"

13 THE WITNESS: Correct.

14 BY MS. BOKAT:

15 Q. Did Schering ask before June 17th, 1997 for the  
16 draft report of the 115 study?

17 A. No.

18 Q. If Schering had asked for the draft data from  
19 the 221 study, that request would have come to your  
20 department also, would it not?

21 A. Possibly. I wasn't involved with the  
22 negotiations with Schering, so it may have come through  
23 another department or another individual.

24 Q. That draft data, that is, the draft data for  
25 the 221 study, was that located within your department?

1           A. I had a copy, and others had copies within the  
2 company.

3           Q. Are you aware of Schering asking prior to June  
4 17th, 1997 for the draft data from the 221 study?

5           A. I am personally not aware of that.

6           Q. From January 1st to June 17th of 1997, did you  
7 personally meet with anyone from Schering-Plough?

8           A. I did not.

9           Q. From January 1st to June 30th of 1997, did you  
10 personally have any communications with anyone from  
11 Schering-Plough?

12          A. I don't know when my first conversation was  
13 with Mr. Audibert, the exact date.

14          Q. Do you think it was before June 17th, 1997?

15          A. I don't know.

16                MS. BOKAT: Your Honor, may I approach the  
17 witness, please?

18                JUDGE CHAPPELL: Yes, you may.

19                MS. BOKAT: May I approach the Bench?

20                JUDGE CHAPPELL: I don't need that if it's  
21 going to be on the ELMO.

22                MS. BOKAT: Okay, with Ms. Hertzman's  
23 assistance, I think I can get it on the ELMO. If I  
24 fail, I'll come back, okay?

25                JUDGE CHAPPELL: Well, since you're here, I'll

1 take it.

2 BY MS. BOKAT:

3 Q. Mr. Halvorsen, do you recall my taking your  
4 deposition in October of last fall?

5 A. Yes, I do.

6 Q. One of your more fun experiences?

7 A. A wonderful experience.

8 JUDGE CHAPPELL: Now, that called for an  
9 opinion.

10 BY MS. BOKAT:

11 Q. I'm going to ask -- if you could put that up on  
12 there, please.

13 Mr. Halvorsen, during that deposition, did I  
14 ask and did you answer:

15 "QUESTION: I asked you whether you had had any  
16 meetings with people from Schering-Plough between  
17 January 1 and June 30, 1997. I neglected to ask you  
18 but I'd like to ask you now whether you had any phone  
19 calls or correspondence between January 1 and June 30,  
20 1997, with anyone at Schering-Plough?

21 "ANSWER: During that period? I don't believe  
22 so. I don't fully recall."

23 Do you recall today whether between January 1st  
24 and June 30th, 1997, you had any phone calls or  
25 correspondence with anyone at Schering-Plough?



1           A. I don't recall.

2           Q. Focusing now just on the five or six-day period  
3 between June 12th and June 17th, 1997, in that time  
4 period, did you have any communications with anyone at  
5 Schering-Plough?

6           A. I don't know. I don't remember those specific  
7 dates. I can't pinpoint something to an exact date.

8           Q. But you don't recall having any communications  
9 in that time period. Is that right?

10          A. I don't recall.

11          Q. At the time of the settlement negotiations  
12 between Upsher-Smith and Schering-Plough, you weren't  
13 aware of those negotiations, were you?

14          A. No, I was not.

15          Q. Going back to the 115 study on Niacor-SR for a  
16 moment, that study had a dropout rate of 35.7 percent,  
17 did it not?

18          A. Yes, it did.

19          Q. The PK study on Niacor-SR that the FDA  
20 requested in February or March of 1997, Upsher had  
21 outside companies working on the method development.  
22 Is that right?

23          A. Correct.

24          Q. As of June 12th, neither company had completed  
25 developing the method for the PK study, had it?

1           A. That is correct, they were waiting to receive  
2           samples from a pilot study so they could fully evaluate  
3           the lower limit of quantitation, called the LLOQ, the  
4           lowest level where you can detect the drug.

5           Q. So, as of June 12th, the PK study hadn't even  
6           begun, right?

7           A. I don't know the exact date. The pilot study  
8           may have already started.

9           Q. But the actual PK study did not start.

10          A. The actual one for submission to the FDA had  
11          not yet started.

12          Q. Schering didn't inquire prior to June 17th  
13          about the status of that PK study, did it?

14          A. Not that I recall. I don't have a best memory  
15          of that.

16          Q. Do you have any memory of them -- of Schering  
17          doing so?

18          A. I don't recall.

19          Q. You were talking earlier with Mr. Carney about  
20          James Audibert in August 1997 requesting the clinical  
21          reports from the studies on Niacor-SR. He requested  
22          clinical reports on all four protocols?

23          A. Yes.

24          Q. Schering hadn't requested the clinical reports  
25          from those four Niacor-SR studies before Mr. Audibert's

1 request in August of 1997, had it?

2 A. Not from me personally.

3 Q. Upsher-Smith actually provided the four  
4 protocols to Schering, did it not?

5 A. Yes.

6 Q. But you didn't supply final study reports,  
7 correct?

8 A. No, the reports were not finished. They  
9 weren't -- all the Is weren't dotted, all the Ts  
10 weren't dotted, and when I discussed that with Mr.  
11 Audibert, we delayed and he wanted to see the final  
12 reports.

13 Q. So, Mr. Audibert asked for the reports in  
14 August and got the protocols, and then he made one more  
15 request for clinical data in October 1997, didn't he?

16 A. I believe so.

17 Q. After that October request, there were no  
18 further requests from Schering for clinical reports  
19 from the Niacor-SR studies, were there?

20 A. Not to me personally.

21 Q. No one from Schering ever visited  
22 Upsher-Smith's facilities after the settlement  
23 agreement was signed in June, did they?

24 A. I don't know that. I believe that there was a  
25 facility audit for one of the products. They did not

1 personally meet with me.

2 Q. Mr. Halvorsen, would you be kind enough to look  
3 back at the transcript you were looking at a couple  
4 minutes ago, and during your deposition, did I ask:

5 "QUESTION: Were you aware of anyone from  
6 Schering-Plough making any visits to Upsher-Smith's  
7 facilities after Upsher-Smith and Schering-Plough  
8 agreed to the Niacor-SR license?"

9 A. What page are you on?

10 Q. I am on page -- I'm on 166, and whether I can  
11 get the ELMO to there without technical assistance  
12 remains to be seen.

13 This is page 166, sir, beginning at line 20.

14 JUDGE CHAPPELL: Mr. Raofield, you might want  
15 to move up to counsel table so she can see you stand up  
16 if you need to object.

17 MR. RAOFIELD: Yes, Your Honor.

18 JUDGE CHAPPELL: Did you still have an  
19 objection?

20 MR. RAOFIELD: No, I was just looking for a  
21 page cite, Your Honor, it hadn't appeared on the  
22 screen.

23 BY MS. BOKAT:

24 Q. Did I ask you, Mr. Halvorsen:

25 "QUESTION: Were you aware of anyone from

1 Schering-Plough making any visits to Upsher-Smith's  
2 facilities after Upsher-Smith and Schering-Plough  
3 agreed to the Niacor-SR license?

4 "ANSWER: I don't personally recall anyone  
5 visiting, but I know there were requests for others --"

6 JUDGE CHAPPELL: Hang on Ms. Bokat. Your  
7 question was did I ask you, so I think you need to stop  
8 after the question you read.

9 THE WITNESS: Yes, you did ask that question.

10 JUDGE CHAPPELL: Thank you.

11 BY MS. BOKAT:

12 Q. Did you answer -- ah, now I've got to go back  
13 to the ELMO again.

14 "ANSWER: I don't personally recall anyone  
15 visiting, but I know there were requests for others to  
16 meet with Schering-Plough representatives outside of  
17 myself and I can't speak for them."

18 Is that still your answer today, sir?

19 A. I did subsequently find out that the other  
20 departments did meet with someone. Whether it was a  
21 Schering or a Warrick representative, I don't know.

22 Q. You found that out subsequent to your  
23 deposition?

24 A. Yes, as reviewing documentation.

25 Q. The reports of the clinical studies on

1       Niacor-SR were the only information that Mr. Audibert  
2       sought from you. Isn't that right?

3           A. That is correct.

4           Q. The pivotal studies on Niacor-SR were designed  
5       for twice-a-day dosing, were they not?

6           A. That is correct.

7           Q. So, Niacor-SR would be approved only on  
8       twice-a-day dosing, correct?

9           A. If we went forward with the current NDA as the  
10      original plan was, yes.

11          Q. So, Niacor-SR could be promoted only for  
12      twice-a-day dosing, correct?

13          A. That is correct.

14          Q. Whereas Kos' Niaspan had an indication for  
15      once-a-day dosing, did it not?

16          A. Correct.

17          Q. In the late 1997, early 1998 time frame,  
18      Upsher-Smith had internal discussions about whether to  
19      pursue the NDA for Niacor-SR, correct?

20          A. Correct.

21          Q. You participated in those discussions, did you  
22      not?

23          A. Some of them, yes.

24          Q. Representatives from Schering-Plough didn't  
25      participate in those discussions, did they?

1 A. No, that was for our internal NDA.

2 Q. Were Schering representatives invited to  
3 participate in those discussions?

4 A. No, that was for Upsher-Smith's NDA within the  
5 United States, where Schering-Plough had the European  
6 marketing rights.

7 Q. But Schering-Plough was to have access to your  
8 NDA if it was ever filed, correct?

9 A. They would have access to all of the final  
10 study reports and the ISS and ISE, which were part of  
11 our application and which we continued work even after  
12 we discontinued the NDA for the United States.

13 Q. In the late 1997, January of 1998 time frame,  
14 Upsher-Smith didn't inform anyone at Schering that they  
15 were considering not pursuing the NDA, did they?

16 A. For our internal development, they had no  
17 rights to the United States, and we continued with the  
18 study reports as they would need.

19 Q. So, the answer to my question is no?

20 A. We didn't need to notify them regarding our  
21 United States decisions.

22 Q. The question is, did you notify them?

23 A. Oh, no.

24 MS. BOKAT: May I approach the witness, Your  
25 Honor?

1 JUDGE CHAPPELL: Yes.

2 MS. BOKAT: We should be able to get this  
3 document up on the computer.

4 JUDGE CHAPPELL: Then I don't need it.

5 MS. BOKAT: Okay.

6 BY MS. BOKAT:

7 Q. September 1998 was the first time Upsher-Smith  
8 informed Schering-Plough that they were not going  
9 forward with the NDA on Niacor-SR. Is that correct?

10 MR. CARNEY: Objection, foundation, Your Honor.

11 JUDGE CHAPPELL: Sustained.

12 BY MS. BOKAT:

13 Q. Mr. Halvorsen, do you know when Upsher-Smith  
14 first informed Schering-Plough that Upsher-Smith was  
15 not going forward with the NDA on Niacor-SR?

16 A. I do not.

17 Q. The indications that Niaspan had and that  
18 Niacor-SR would not have were reducing the risk of  
19 recurrent heart attack and regression of  
20 atherosclerosis, correct?

21 A. Those are the basic terms. You didn't get them  
22 right, but they're close enough.

23 JUDGE CHAPPELL: Ms. Bokat, are you finished  
24 with this exhibit?

25 MS. BOKAT: Yes, I am. Thank you for the



1 reminder.

2 BY MS. BOKAT:

3 Q. One of the reasons Upsher-Smith stopped working  
4 on its NDA for Niacor-SR was that Niacor-SR was not  
5 going to have those two indications, correct?

6 A. That was one of the primary reasons, yes.

7 Q. As of June 1997, you knew that Niaspan was  
8 going to have those two indications, did you not?

9 A. In June, no.

10 Q. No? It wasn't until August?

11 A. I found out when they gained approval sometime  
12 in July or when they released what their approve  
13 indications were from FDA, on that day or the day after  
14 they were approved by FDA.

15 Q. That information was not in their IPO?

16 A. I don't believe it was.

17 Q. In the 115 study that Upsher-Smith did for  
18 Niacor-SR, is it your opinion that the dosage of the  
19 Niacor-SR was increased too quickly for patients?

20 A. Yes.

21 Q. That can lead to excessive adverse events, can  
22 it not?

23 A. Correct.

24 Q. So, there was a design flaw in that pivotal  
25 study, was there not?

1           A. You could call it a design flaw, but it was  
2           just a more conservative approach. The FDA would see  
3           more adverse events than what you would see in  
4           practice. So, they're seeing a worst case scenario for  
5           your approval.

6           Q. If Upsher-Smith had decided in June of 1997 to  
7           redo that study so that the dosage wasn't increased as  
8           rapidly, you would have to spend several months with  
9           patients in treatment, would you not?

10           MR. CARNEY: Objection, hypothetical question.

11           JUDGE CHAPPELL: Response?

12           MS. BOKAT: This gentleman I think is eminently  
13           qualified to answer that question. He supervised all  
14           the clinical trials that were done, he supervised all  
15           the data review and the report writing. He testified  
16           this morning about how much time they had to spend with  
17           patients in treatment when they did the original study  
18           and how much time they were spending with the  
19           subsequent analyses and report-writing work.

20           JUDGE CHAPPELL: But he's not an expert  
21           witness. I'll sustain the objection for the stronger  
22           reason that it lacks foundation, that question.

23           BY MS. BOKAT:

24           Q. Mr. Halvorsen, did Upsher-Smith consider  
25           redoing the 115 study?

1           A. No.

2           Q. Was there a reason you didn't consider redoing  
3 that study?

4           A. Yeah, the FDA was very pro-niacin, and the FDA  
5 had reviewed preliminary results from our 221 study,  
6 the first pivotal study, and they had no concerns.

7           MS. BOKAT: Your Honor, may I approach the  
8 witness, please?

9           JUDGE CHAPPELL: Yes, you may.

10          MS. BOKAT: It looks like we do have the  
11 document up on the computer.

12          JUDGE CHAPPELL: Okay.

13          MS. BOKAT: So I won't burden you with a copy.

14          JUDGE CHAPPELL: Thank you. It's getting hard  
15 to see over the binders up here.

16          MS. BOKAT: I can sympathize. I was asking for  
17 a forklift to get those binders from Mr. Carney this  
18 morning.

19          JUDGE CHAPPELL: That reminds me, you need to  
20 retrieve your binders at the end of the day.

21          MR. CARNEY: I will, Your Honor.

22          JUDGE CHAPPELL: Thank you. I think we still  
23 have some from a few days ago.

24          MR. CARNEY: I will get those without a  
25 forklift, Your Honor.

1 JUDGE CHAPPELL: Thank you.

2 BY MS. BOKAT:

3 Q. Mr. Halvorsen, looking at CX 611, you've seen  
4 that document before, have you not?

5 A. Yes, it's addressed to me.

6 Q. And that's a letter from --

7 MR. CARNEY: Your Honor, we object on the basis  
8 of beyond the scope. At no time did he discuss Klor  
9 Con approval in his direct testimony.

10 MR. RAOFIELD: Same objection, Your Honor.

11 JUDGE CHAPPELL: Did you hear him talk about  
12 Klor Con?

13 MS. BOKAT: I heard him talk about Klor Con,  
14 but in all honesty, I think that was the 8 and 10.

15 JUDGE CHAPPELL: Mr. Carney, how did you know  
16 it was a question about Klor Con? He was just asked if  
17 he has seen that exhibit.

18 MR. CARNEY: I think the questions were had he  
19 reviewed the terms of the license agreement, what  
20 were -- what were the drugs that were mentioned there,  
21 I think he mentioned it at that time, and it --

22 MR. RAOFIELD: Your Honor, in light of Your  
23 Honor's comment, I will withdraw my objection pending  
24 the following questions by complaint counsel.

25 JUDGE CHAPPELL: We have one withdrawn and

1       one --

2               MR. CARNEY: I'll withdraw the objection, Your  
3       Honor.

4               JUDGE CHAPPELL: Okay, so now both are  
5       withdrawn. So, you may proceed.

6               MS. BOKAT: Thank you.

7               MS. BOKAT: Could the court reporter read back  
8       the last question, please?

9               (The record was read as follows:)

10              "QUESTION: Mr. Halvorsen, looking at CX 611,  
11       you've seen that document before, have you not?

12              "ANSWER: Yes, it's addressed to me.

13              "QUESTION: And that's a letter from --"

14              BY MS. BOKAT:

15              Q. -- from the Food and Drug Administration?

16              A. Yes, it is.

17              Q. Their letter is dated January 28, 1999. Is  
18       that right?

19              A. Yes.

20              Q. Did you receive it February 1st, 1999?

21              A. Yes, I did.

22              Q. That letter informs Upsher that it is eligible  
23       for the 180-day exclusivity period for Klor Con M20,  
24       does it not?

25              MR. RAOFIELD: Objection, Your Honor, beyond

1 the scope of the direct examination.

2 JUDGE CHAPPELL: Response? Did you hear him  
3 talk about the 180-day exclusivity period?

4 MS. BOKAT: No.

5 JUDGE CHAPPELL: Well, I haven't had anybody  
6 persist in going beyond the scope, but the law  
7 according to me, if you're going to take a witness  
8 beyond the scope, then it becomes your witness, and you  
9 are going to have to use direct examination techniques,  
10 and in those areas where you do so, the other side will  
11 be able to cross based on your direct. I hope that's  
12 not as confusing as it sounds.

13 MR. RAOFIELD: No, Your Honor.

14 THE WITNESS: It is to me.

15 JUDGE CHAPPELL: But that's the fairness  
16 doctrine, as I'll call it.

17 MR. CARNEY: Perfectly clear, Your Honor.

18 JUDGE CHAPPELL: And with that, do you object  
19 to the question if she treats this witness as her own  
20 for this purpose?

21 MR. RAOFIELD: No, Your Honor.

22 JUDGE CHAPPELL: You may proceed.

23 MS. BOKAT: Thank you, Your Honor.

24 JUDGE CHAPPELL: This way we don't need to  
25 resubpoena, renotify and continue until July the 4th of

1       this year. Thank you.

2               BY MS. BOKAT:

3               Q. In this letter, what was the FDA informing  
4       Upsher-Smith?

5               A. That we were eligible, as I read from the  
6       second page, "Therefore, you are eligible for 180 days  
7       of market exclusivity for this product."

8               Q. And what did you personally, Mr. Halvorsen,  
9       take from that letter with respect to the 180-day  
10      exclusivity?

11              A. I was surprised.

12              Q. What was your understanding from the letter  
13      about the 180-day exclusivity as it applied to Klor Con  
14      M20?

15              A. That we would subsequent from approval receive  
16      180 days of market exclusivity for this drug product.

17              JUDGE CHAPPELL: Ms. Bokat, just for the  
18      record, I asked if anyone objected to you proceeding as  
19      if this was your witness, and Mr. Raofield said no  
20      objection, but I didn't hear from Upsher-Smith.

21              MR. CARNEY: No objection, Your Honor.

22              JUDGE CHAPPELL: Thank you.

23              BY MS. BOKAT:

24              Q. Mr. Halvorsen, you were talking this morning  
25      with -- about two protocols with Mr. Carney. I believe

1       they're in one of Mr. Carney's big binders. Ah, no,  
2       I'm wrong but I'm lucky. It's the skinny one. This is  
3       CX 714 and CX 1043.

4               The protocol that's at CX 714 was a study of  
5       once-a-day Niacor-SR dosing at bedtime. Is that right?

6       A. That's the combination therapy with Niacor-SR  
7       and fluvastatin.

8       Q. That study was never conducted, was it?

9       A. No, it was not.

10       Q. The protocol that's at CX 1043, which is the  
11       next tab, that was to be done with three different  
12       dosing schedules, correct?

13       A. Correct.

14       Q. And one of those dosing schedules was to be  
15       bedtime dosing?

16       A. I believe two of them were to be bedtime  
17       dosing.

18       Q. That study was never conducted, was it?

19       A. No, as I had testified earlier, we had a higher  
20       priority, was to file the NDA first and then get to  
21       these studies.

22       Q. So, there were no studies ever done of  
23       once-a-day bedtime dosing for Niacor-SR. Is that  
24       right?

25       A. Not as part of the original NDA, no.



1           Q. Mr. Halvorsen, could we turn, please, to the  
2 meetings you had in Europe with I think you said two  
3 French companies and two Spanish companies?

4           A. Sure.

5           Q. Oh, and we're done with the binder if you want  
6 to get that out of your lap.

7           A. Okay.

8           Q. During the first week of June 1997, you and Ms.  
9 O'Neill met with four European companies about a  
10 potential license for Niacor-SR, correct?

11          A. Correct.

12          Q. You and Ms. O'Neill were at those meetings --  
13 oh, I'm sorry, you yourself were at those meetings  
14 because you were the most knowledgeable about the  
15 clinical trials for Niacor-SR, correct?

16          A. Correct.

17          Q. The four companies you met with, just to review  
18 this, were Servier, Esteve, Lacer and Pierre Fabre?

19          A. Yes.

20          Q. Let's start first with Servier. That's one of  
21 the French pharmaceutical companies, right?

22          A. Correct.

23          Q. You and Ms. O'Neill met with them on June 3rd,  
24 1997?

25          A. I know it's the first week of June. I don't

1 know the exact date.

2 Q. Who attended on behalf of Servier?

3 A. It was one person. I don't remember the -- it  
4 was a physician. I don't remember his name. We met  
5 with just one individual.

6 Q. But he was a physician?

7 A. I believe so. I addressed him as "Dr."

8 Q. What were his responsibilities at Servier?

9 A. I don't recall. I'd have to look at the notes.

10 Q. Maybe I could find those for you. This way it  
11 won't be a quiz.

12 May I approach the witness, Your Honor?

13 JUDGE CHAPPELL: Yes, you may.

14 MS. BOKAT: It looks like Ms. Hertzman got that  
15 on the computer for me.

16 BY MS. BOKAT:

17 Q. Was it Olivier Arnaud who attended that meeting  
18 on behalf of Servier?

19 A. Yes.

20 Q. Do you recall what his responsibilities at  
21 Servier were at this time?

22 A. From here his title was listed as director of  
23 projects, Scientific Collaboration Division. I believe  
24 he was in charge of the science for various projects.  
25 I don't recall the specifics.

1 Q. Dr. Arnaud expressed concern over the elevation  
2 in liver function tests among patients in the study for  
3 Niacor-SR, did he not?

4 A. Yes, according to this document, yes.

5 Q. Did he also raise question about whether the  
6 benefits of Niacor-SR in reducing flushing would be a  
7 sufficient advantage over the increased risk of LFTs?

8 A. That's what it states here, yes.

9 Q. LFTs again are the elevated enzymes in the  
10 liver function tests?

11 A. LFT stands for liver function test.

12 Q. Dr. Arnaud also questioned whether a company  
13 could promote positive effects of Niacor-SR on Lp(a),  
14 did he not?

15 A. Yes, there was at that point in time a very  
16 large discussion in the industry that new studies were  
17 coming out showing that Lp(a) was an individual risk  
18 factor for coronary heart disease, and it was just  
19 starting to hit the market with -- in Europe with that  
20 information. So, they were still reviewing it, but  
21 several studies have been showing now that it is an  
22 independent risk factor for cardiovascular disease.

23 Q. But at that time, June of 1997, Dr. Arnaud  
24 questioned whether a company could promote positive  
25 effects of Niacor-SR on Lp(a), did he not?

1           A. According to this, he did, and Europe was a  
2 little behind the States in regards to Lp(a).

3           Q. Schering was going to market Niacor-SR in  
4 Europe under the license from Upsher-Smith, was it not?

5           A. Correct.

6           Q. At these meetings with the French and Spanish  
7 companies, you didn't have Dr. Brown or Dr. Drobnes  
8 with you, right?

9           A. Correct.

10          Q. So, did you personally do the presentation to  
11 these four European companies on both the safety and  
12 the efficacy of Niacor-SR?

13          A. Yes, I did.

14          Q. Do you recall with Servier how much time you  
15 spent on the safety and efficacy issues?

16          A. The specific amount of time that I used, no.

17          Q. Do you have a ballpark?

18          A. I have no idea.

19          Q. Dr. Arnaud was not attentive during that  
20 meeting, was he?

21          A. That's correct.

22          Q. Did he seem distracted?

23          A. That's what's written in the notes here. He  
24 just was not really involved with the presentation.

25          Q. Weren't his lack of attention and his

1       distractedness an indication that he wasn't very  
2       interested in Niacor-SR?

3               MR. RAOFIELD:  Objection, Your Honor, calls for  
4       speculation.

5               JUDGE CHAPPELL:  That's sustained.  He doesn't  
6       know -- he doesn't know about the other gentleman.  
7       That's sustained.

8               BY MS. BOKAT:

9               Q.  We've been talking about this document CX 883.  
10       That's a memo from you and Vickie O'Neill, is it not?

11              A.  Correct.

12              Q.  Did Ms. O'Neill prepare this memorandum?

13              A.  Yes, she did.

14              Q.  It's addressed to Mr. Troup and Ken Evenstad,  
15       is it not?

16              A.  Correct.

17              Q.  As far as you know, did it go to those two  
18       gentlemen?

19              A.  As far as I know.

20              Q.  At that time, Ian Troup was president of  
21       Upsher-Smith, was he not?

22              A.  Correct.

23              Q.  And Ken Evenstad was the chairman of  
24       Upsher-Smith at that time?

25              A.  I believe chairman and CEO.

1 Q. Was he also the principal shareholder?

2 A. We have a privately held company, from his  
3 family.

4 Q. During this meeting with Servier, did Dr.  
5 Arnaud indicate that after the meeting Servier was  
6 going to have to do an internal evaluation of the  
7 clinical data that Upsher had provided?

8 A. Well, under Next Steps here, it says, "Servier  
9 must internally evaluate the clinical data."

10 Q. Is that your recollection?

11 A. Yes, everyone needs to digest the information.  
12 They can't make any decisions right on the spot.

13 Q. Dr. Arnaud didn't commit to a time for getting  
14 back to Upsher-Smith to indicate whether or not Servier  
15 was interested in the license, did he?

16 A. That's what it says here, "They did not commit  
17 to a timetable for indicating to Upsher-Smith their  
18 interest."

19 Q. And any follow-up communications between  
20 Servier and Upsher-Smith after this meeting would have  
21 gone through Ms. O'Neill. Is that right?

22 A. That's correct.

23 Q. During this meeting, Upsher-Smith  
24 representatives and Servier representatives didn't  
25 discuss the structure of compensation for a Niacor-SR

1 license, did you?

2 A. I don't know, that wasn't my focus. I was  
3 focused on the science side of the presentation. Ms.  
4 O'Neill focused on the business side.

5 Q. You don't recall, though, any discussion of the  
6 structure of compensation for a Niacor-SR license, do  
7 you?

8 A. I don't recall specifically, no.

9 Q. Servier in the course of this meeting didn't  
10 make any monetary offer for a license of Niacor-SR, did  
11 they?

12 A. I don't recall. That wasn't my focus of the  
13 presentations.

14 Q. Let's move now, if we could, to the meeting  
15 that you and Ms. O'Neill had with -- is it pronounced  
16 Esteve?

17 A. Yes.

18 Q. That was one of the Spanish companies --  
19 pharmaceutical companies, correct?

20 A. Correct.

21 Q. You and Ms. O'Neill were the only  
22 representatives of Upsher-Smith at the meeting with  
23 Esteve, right?

24 A. Correct.

25 Q. Did you personally, again, present the safety

1 and efficacy information at that meeting?

2 A. Yes, I did.

3 Q. Do you recall how long you spent on safety and  
4 efficacy in that meeting?

5 A. I don't recall the amount of time it takes to  
6 make the presentation. It always varies depending on  
7 the number of questions, whether you use extra slides.  
8 I just don't know.

9 Q. In these four meetings with the European  
10 companies, when you were going through the safety and  
11 efficacy information, did you orally present the slides  
12 about safety and efficacy that were in that packet?

13 A. I would put the slide up on the overhead, and  
14 there was a printed handout that they were given, and  
15 then I had my own extra backup slides that if a  
16 question came up, I could put an overhead up, and that  
17 wasn't included in their handouts.

18 Q. But the slides that you did project, did you  
19 talk through the points on those slides?

20 A. Yes.

21 Q. And there was an opportunity for the European  
22 pharmaceutical company representatives to ask you  
23 questions?

24 A. Yes.

25 Q. At the meeting with Upsher-Smith, Esteve was



1 represented by Dr. Miro?

2 A. Yes.

3 Q. He was the medical director in Esteve's  
4 international division, was he not?

5 A. I don't know his exact title.

6 Q. At the meeting, Dr. Miro questioned whether  
7 Niacor-SR provided sufficient advantages over immediate  
8 release niacin, did he not?

9 A. I don't recall that specifically. I'd have to  
10 see the notes to make sure of that.

11 MS. BOKAT: May I approach the witness, Your  
12 Honor?

13 JUDGE CHAPPELL: Yes, you may. Oh, excuse me,  
14 Ms. Hertzman, would you be able to call up CX 868,  
15 please.

16 MS. HERTZMAN: Sure.

17 MS. BOKAT: Did you want a copy, Your Honor?

18 JUDGE CHAPPELL: I can see it, thanks.

19 BY MS. BOKAT:

20 Q. CX 868 is a memorandum of your meeting with  
21 Esteve, is it not?

22 A. Yes.

23 Q. That's again from you and Ms. O'Neill to Mr.  
24 Troup and Mr. Evenstad?

25 A. Yes.

1           Q. Dr. Miro discussed during the meeting whether  
2       Niacor-SR provided sufficient advantages over immediate  
3       release formulations of niacin, did he not?

4           A. He also discussed the side effects of flushing  
5       and whether Niacor-SR provided sufficient advantages  
6       over IR formulations from the memo here.

7           Q. Is that your recollection?

8           A. I don't have a complete recollection of that.

9           Q. Do you assume -- well, let me ask you first,  
10      who prepared CX 868, the minutes of the meeting with  
11      Esteve?

12          A. Ms. O'Neill.

13          Q. Do you assume that she was trying to be  
14      accurate in summarizing that meeting for Mr. Troup and  
15      Mr. Evenstad?

16                 MR. CARNEY: Objection, calls for speculation.

17                 MR. RAOFIELD: Same objection.

18                 JUDGE CHAPPELL: Sustained.

19                 BY MS. BOKAT:

20          Q. Did Dr. Miro indicate that after the meeting,  
21      he was going to review the clinical information Upsher  
22      had provided with his international group?

23          A. Under Next Steps, it says, "Dr. Miro will  
24      review the clinical information with the International  
25      group," and secondly it says, "Forward data to the

1 Clinical and Medical Department, if the International  
2 review is favorable."

3 Q. So, was Dr. Miro going to review the clinical  
4 information that Upsher had provided with his  
5 International Group?

6 A. That's what it states here, yes.

7 Q. If the International Group drew a favorable  
8 conclusion about a Niacor-SR license, was Dr. Miro  
9 going to forward the data on to the Clinical and  
10 Medical Department?

11 MR. CARNEY: Objection, calls for speculation.

12 MS. BOKAT: I don't think it calls for  
13 speculation, Your Honor. According to this memo, it  
14 was discussed during the meeting.

15 JUDGE CHAPPELL: I'll sustain the objection as  
16 the question's phrased. You'll need to restate it.

17 BY MS. BOKAT:

18 Q. Mr. Halvorsen, do you recall during the meeting  
19 with Esteve Dr. Miro indicating that if the review of  
20 his International Group was favorable, he would forward  
21 the clinical data to his Clinical and Medical  
22 Department?

23 A. I do not specifically recall.

24 Q. Do you recall him talking about forwarding  
25 information to his Marketing Department?

1           A. I do not specifically recall.

2           Q. Do you recall whether Dr. Miro indicated when  
3 he would get back to Upsher-Smith?

4           A. I don't recall the specifics, but it was  
5 greater than a month.

6           Q. Esteve didn't offer any amount of compensation  
7 for a Niacor-SR license during this meeting, did they?

8           A. I don't recall.

9           Q. You also, you and Ms. O'Neill, met with  
10 representatives from Lacer. Is that right?

11          A. Yes.

12          Q. Is that another Spanish pharmaceutical  
13 manufacturer?

14          A. Yes, it is.

15          Q. Lacer had several representatives at the  
16 meeting, did they not?

17          A. I believe they did. I don't remember specific  
18 names.

19          Q. Do you remember the head of their medical  
20 department being in attendance?

21          A. I don't remember the specific individuals that  
22 were there.

23          Q. Do you remember the managing director of their  
24 pharmaceutical division being there?

25          A. I don't remember the specific individuals who

1       were there.

2           Q.   Do you remember the head of their licensing  
3       department being there?

4           A.   I don't recall the specific individuals who  
5       were there.

6           Q.   Maybe I can give you a document that will help  
7       your recollection.

8                   May I approach the witness, Your Honor?

9           JUDGE CHAPPELL:   Yes.

10           MS. BOKAT:   Would you like a paper copy, Your  
11       Honor?

12           JUDGE CHAPPELL:   No, thanks, it's up.

13           BY MS. BOKAT:

14           Q.   Is CX 880 a memorandum of your meeting with  
15       Lacer?

16           A.   The first page is.

17           Q.   Is the first page a memorandum from you and Ms.  
18       O'Neill?

19           A.   Yes.

20           Q.   That memorandum is addressed to Mr. Troup and  
21       Ken Evenstad, is it not?

22           A.   Correct.

23           Q.   Who prepared this memorandum?

24           A.   Ms. O'Neill.

25           Q.   Having looked at it, do you recall who attended

1 the meeting from Lacer?

2 A. I don't recall the specific names or the  
3 titles, no.

4 Q. So, looking at the document doesn't refresh  
5 your recollection at all?

6 A. No, I just recall that it was someone from  
7 their medical department and that's about the extent of  
8 my recall on specific individuals.

9 Q. Do you have any reason to think that Ms.  
10 O'Neill's memorandum is inaccurate about who attended?

11 A. No.

12 Q. Did Ms. O'Neill show you this memorandum before  
13 she sent it to Mr. Troup and Mr. Evenstad?

14 A. I don't recall.

15 Q. Did Ms. O'Neill show you the memorandum of your  
16 meeting with Esteve before she sent it to Mr. Troup and  
17 Mr. Evenstad?

18 A. I don't recall.

19 Q. Did Ms. O'Neill show you the memorandum  
20 summarizing the meeting with Servier before she sent it  
21 to Mr. Troup and Mr. Evenstad?

22 A. I don't recall.

23 Q. You personally did a presentation on efficacy  
24 and safety of Niacor-SR to the representatives of Lacer  
25 during the meeting, did you not?

1           A.   Correct.

2           Q.   Was Lacer going to have a physician review the  
3   clinical data after the meeting?

4           A.   Under the Next Steps here, it says, "Lacer will  
5   have an expert physician review the clinical data under  
6   a secrecy agreement."

7           Q.   Was Lacer also going to determine the number  
8   and type of patients for whom Niacor-SR therapy would  
9   be appropriate?

10          A.   It says here on the memo, "From this review,  
11   Lacer will make a 'go/no go' decision as well as a  
12   determination of the number and type of patients that  
13   would be appropriate for Niacor-SR therapy."

14          Q.   Lacer didn't offer a specific amount of money  
15   for a license of Niacor-SR during this meeting, did  
16   they?

17          A.   I don't recall.

18          MS. BOKAT:   May I approach the witness, Your  
19   Honor?

20          JUDGE CHAPPELL:   Yes.

21          MS. BOKAT:   Would you like a copy, Your Honor?

22          JUDGE CHAPPELL:   Is it on the ELMO?

23          MS. BOKAT:   I think it's on the monitor.

24          JUDGE CHAPPELL:   I don't need it.

25          BY MS. BOKAT:

1 Q. Is CX 881 a memorandum summarizing the meeting  
2 with Pierre Fabre?

3 A. Yes, it is.

4 Q. Is that memorandum from you and Ms. O'Neill?

5 A. Yes.

6 Q. Who prepared the memorandum?

7 A. Ms. O'Neill.

8 Q. It's addressed to Mr. Troup and Ken Evenstad.

9 Is that right?

10 A. That is correct.

11 Q. Did you see the memo before it went forward to  
12 Mr. Troup and Mr. Evenstad?

13 A. I don't recall.

14 Q. Who attended the meeting with Upsher-Smith on  
15 behalf of Pierre Fabre?

16 A. The four individuals listed here on this page.

17 Q. So, that's Salomon Azoulay, was he one?

18 A. Yes, according to this page.

19 Q. Was he a medical doctor?

20 A. Yes, that's what it says here.

21 Q. Was he also director of clinical research for  
22 Pierre Fabre?

23 A. That's what it says on this memo, yes.

24 Q. Who else attended?

25 A. According to this memo, there is a licensing



1 manager, a planning and coordination director and a  
2 project evaluation manager.

3 Q. The licensing manager is Marc Pennacino?

4 A. Correct.

5 Q. Is the planning and coordination director  
6 Andre-Claude Feniou?

7 A. Yes.

8 Q. Was he holder of a doctorate in chemistry?

9 A. That's what it states on this memo, yes.

10 Q. And the last attendee, was that Mike Briley?

11 A. Yes.

12 Q. Does he also hold a doctorate?

13 A. It says here he has a Ph.D.

14 Q. You and Ms. O'Neill attended this meeting, I  
15 take it.

16 A. Yes.

17 Q. Did you personally present safety and efficacy  
18 information to the representatives of Pierre Fabre?

19 A. Yes, I did.

20 Q. Was that safety and efficacy presentation  
21 similar to the one you had made for the other three  
22 pharmaceutical companies -- other three European  
23 pharmaceutical companies?

24 A. Correct.

25 Q. The memo indicates there was also a

1 presentation on the patent status of Niacor-SR. Do you  
2 recall who made the presentation on the patent status?

3 A. Ms. O'Neill.

4 Q. Do you know whether she had prepared that  
5 presentation in advance?

6 A. I think it was part of the handout. There was  
7 a -- one or two slides on the O'Neill patent and one on  
8 the Evenstad patent.

9 Q. Had she made a patent presentation at the other  
10 three meetings with European pharmaceutical  
11 manufacturers?

12 A. I can't say from my direct recall, but that was  
13 part of the handout for all four companies.

14 Q. Was there some discussion during the meeting  
15 with Pierre Fabre about whether the patent would issue  
16 in Europe?

17 A. It says here on the memo, "The basis of their  
18 discussions was whether the patent would issue in  
19 Europe."

20 Q. Which patent was that?

21 A. I don't know.

22 Q. Was there a patent pending before a European  
23 nation?

24 A. There could have been. I don't recall. That  
25 wasn't my area of expertise.

1           Q. During the meeting with Pierre Fabre, did you  
2 have the impression that they already had information  
3 about Kos' Niaspan product?

4           A. Yes.

5           Q. Did the representatives of Pierre Fabre ask  
6 about the incidence of elevation of LFTs in the studies  
7 for Niacor-SR?

8           A. It states here, "It was apparent they had  
9 reviewed our previous package on Niacor-SR and asked  
10 intelligent perceptive questions on the incidence of  
11 elevation in LFTs."

12          Q. Did they also express concern over the high  
13 incidence of elevation in LFTs with the 2000 milligram  
14 dose of Niacor-SR?

15          A. It states here that, "Although they expressed  
16 concern over the high incidence at the 2000 milligram  
17 dose, there was a good discussion on the appropriate  
18 use of niacin in combination with HMG-CoAs and use of  
19 niacin at lower doses."

20          Q. So the answer to my question is yes?

21          A. Based on that sentence, I guess the answer is  
22 yes.

23          Q. You did discuss with the representatives of  
24 Pierre Fabre the possible payment structure for a  
25 Niacor-SR license, did you not?

1 A. I did not.

2 Q. I beg your pardon?

3 A. I did not.

4 Q. Did someone else during that meeting?

5 A. Ms. O'Neill.

6 Q. Do you recall the representatives of Pierre  
7 Fabre being concerned about the size of up-front and  
8 milestone payments in a license for Niacor?

9 A. No, I do not.

10 Q. Do you recall the representatives of Pierre  
11 Fabre making a reference to unreasonable payments of  
12 \$50 million?

13 A. I do not.

14 Q. Do you recall either yourself or Ms. O'Neill  
15 suggesting milestone payments of at least \$5 million  
16 rather than the \$50 million?

17 A. I do not.

18 Q. Do you recall either you or Ms. O'Neill  
19 suggesting that Upsher-Smith would consider taking  
20 greater royalty payments in lieu of up-front payments?

21 A. I do not recall.

22 Q. Was Pierre Fabre going to continue evaluating  
23 Niacor-SR after your meeting?

24 A. I believe so, yes.

25 Q. As of the time of the meeting, had they already

1 assigned a project manager to the license or potential  
2 license of Niacor-SR?

3 A. I don't recall. I'd have to look through the  
4 memo here.

5 Q. Well, if you look at the second page, which  
6 bears the Bates number USL 11826, there's a heading  
7 Next Steps?

8 A. Um-hum.

9 Q. And then the paragraph after that might help  
10 you.

11 A. The second sentence says, "It was encouraging  
12 that they appeared to be immediately working with the  
13 project manager to define the tasks and  
14 responsibilities for the additional information."

15 Q. Do you recall that?

16 A. I recall they were very positive on the  
17 product. Specifically a project manager, I do not  
18 recall.

19 Q. Did Pierre Fabre indicate that they would need  
20 until the end of June to get back to Upsher-Smith?

21 A. I don't recall specifically. They needed one  
22 or more months. I don't know.

23 Q. The representatives of Pierre Fabre during this  
24 meeting didn't offer an amount of compensation for a  
25 Niacor-SR license, did they?

1           A. I don't recall.

2           Q. Mr. Halvorsen, at all four of these meetings  
3 with European pharmaceutical companies, the European  
4 company had a scientist or a physician or a pharmacist  
5 in attendance, did they not?

6           A. I'd have to look back through all of the list  
7 of attendees to answer that question.

8           Q. Take your time.

9           JUDGE CHAPPELL: Ms. Bokat, how much more do  
10 you have?

11           MS. BOKAT: May I add the caveat that I am not  
12 very good at time estimates?

13           JUDGE CHAPPELL: Okay.

14           MS. BOKAT: With that caveat, I would guess, if  
15 I could finish the last couple of questions here and  
16 then maybe have five minutes to confer with my  
17 colleagues, then I could probably wrap this up in 20 to  
18 30 minutes.

19           JUDGE CHAPPELL: Okay, we are going to take a  
20 lunch break as soon as you finish this line of  
21 questioning.

22           THE WITNESS: Could I have the question  
23 repeated, please?

24           BY MS. BOKAT:

25           Q. Yes. At the meetings with these four European

1     pharmaceutical companies, did they have at least a  
2     scientist or a physician or a pharmacist in attendance?

3           A.   Yes.

4           Q.   During the meetings, none of these four  
5     European companies offered a specific amount of  
6     compensation for a Niacor-SR license, did they?

7           A.   I don't recall.

8           MS. BOKAT: Your Honor, that concludes this  
9     line of questioning.

10          MR. CARNEY: Your Honor, could we suggest a  
11     short lunch break, as this witness will be unavailable  
12     for the next two weeks, and we would like to try to  
13     finish him up today? I understand you have something  
14     else this afternoon.

15          JUDGE CHAPPELL: Right. We are going to --  
16     it's about -- it's almost 1:30. We will break until  
17     2:00.

18          MR. RAOFIELD: Your Honor, may I just clarify  
19     for the record the one point we had left outstanding,  
20     the exhibit that I had intended to introduce?

21          JUDGE CHAPPELL: Okay.

22          MR. RAOFIELD: It turns out that that exhibit  
23     for the record is SPX 250 and has already been  
24     admitted. So, I withdraw my motion or my effort to --

25          JUDGE CHAPPELL: Okay.

1 MR. RAOFIELD: Thank you.

2 JUDGE CHAPPELL: We will recess until 2:00.

3 (Whereupon, at 1:28 p.m., a lunch recess was  
4 taken.)

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1 AFTERNOON SESSION

2 (2:00 p.m.)

3 JUDGE CHAPPELL: Ms. Bokat, you may continue.

4 In the event this witness isn't finished before  
5 3:00, my hearing is not going to take I don't think  
6 more than an hour, so the parties have the option of  
7 taking a break and coming back. I'm definitely not  
8 trying to encourage longer cross or redirect. With  
9 that -- I just wanted to let you know that is an  
10 option.

11 MS. BOKAT: Your Honor, may I approach the  
12 witness, please --

13 JUDGE CHAPPELL: Yes.

14 MS. BOKAT: -- with CX 962? Would you like a  
15 paper copy, Your Honor?

16 JUDGE CHAPPELL: I don't need it if it's on the  
17 ELMO.

18 BY MS. BOKAT:

19 Q. Mr. Halvorsen, have you seen documents like  
20 CX 962 before?

21 A. Yes, I have.

22 Q. Would you describe what these are, please?

23 A. These are monthly project updates.

24 Q. And is this a series of monthly project updates  
25 for Niacor-SR?

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1           A. It looks like it, yes.

2           Q. Would you turn, please, to the third page of  
3           that exhibit, which bears the Bates number USL 13253.  
4           Does it appear from that that by January 15th, 1998,  
5           the project for an NDA for Niacor-SR had been put on  
6           hold?

7           A. For Upsher-Smith's NDA, yes.

8           Q. Is that also your recollection?

9           A. Yes.

10          Q. And as of early January 1998, at Upsher-Smith,  
11          was there only minimal activity that would continue on  
12          Niacor-SR?

13          A. No.

14          Q. That's wrong?

15          A. No, if you look below that, you'll see that all  
16          study reports will be completed and that this  
17          represents a significant amount of resource hours.

18          Q. So, where it says, "Action: Only minimal  
19          activity will continue," that was wrong?

20          A. No, it depended on what department was actually  
21          working on the project. The clinical department was  
22          going full forward.

23          Q. These monthly project updates, are they for a  
24          particular department within Upsher-Smith?

25          A. No, it's for -- done by our project management

1 group.

2 Q. So, it's for the entire project?

3 A. It's for multiple departments done by project  
4 management.

5 Q. You talked earlier in the day about a meeting  
6 in 1998, it may have been in March, where you were  
7 informed that Schering was not going to go forward with  
8 the Niacor project?

9 A. Yes.

10 Q. Who attended that meeting?

11 A. I recall two individuals, Mark Robbins and Ian  
12 Troup. I don't remember who the others were.

13 Q. And yourself.

14 A. Including myself, yes.

15 Q. And you think there were some other people  
16 there as well?

17 A. I believe so, but I don't recall who.

18 Q. Were they all Upsher-Smith people?

19 A. Yes.

20 Q. No one from Schering?

21 A. No.

22 Q. Who told you that Schering wasn't going forward  
23 with Niacor-SR?

24 A. I don't remember the individual.

25 Q. Do you believe it was either Mr. Robbins or Mr.

1 Troup?

2 A. I don't recall who it was.

3 Q. Did anyone tell you who at Schering had  
4 informed Upsher-Smith that Schering was not going  
5 forward with Niacor-SR?

6 A. I don't recall.

7 Q. You mentioned earlier a visit from someone at  
8 Schering to Upsher-Smith's facilities. That was in  
9 connection with the pentoxifylline product, was it not?

10 A. I don't believe so.

11 Q. What product was it about?

12 A. It was for our cholestyramine product,  
13 Prevalite.

14 Q. But it wasn't for Niacor-SR?

15 A. I don't believe so.

16 Q. The PK study that the FDA asked for in February  
17 or March of 1997 for Niacor-SR, that PK study wasn't a  
18 reason for Upsher-Smith dropping the NDA on Niacor-SR,  
19 was it?

20 A. No.

21 Q. You mentioned that you spoke with James  
22 Audibert about the indications for Niacor-SR compared  
23 to the indications for Niaspan.

24 A. I don't believe I said that.

25 Q. Did you talk to Mr. Audibert about the

1       indications that Niacor-SR would have?

2           A.   I don't recall.

3           Q.   Mr. Audibert asked about the clinical  
4       investigators from the Niacor-SR studies, right?

5           A.   Correct.

6           Q.   Mr. Audibert made that inquiry in August of  
7       1997.  Is that right?

8           A.   According to the document that we reviewed,  
9       yes.  I don't know the specific dates.

10          Q.   Do you have any reason to think the date in  
11       that document was wrong?

12          A.   No.

13          Q.   When Mr. Audibert asked for the studies from  
14       Niacor-SR, that was in August of 1997?

15          A.   I don't recall the specific dates.  That memo  
16       showed that he was following up from our earlier  
17       conversations.

18          Q.   But that was after Schering and Upsher-Smith  
19       had entered into their agreement, right?

20          A.   I believe so, but as I said earlier, I don't  
21       recall the exact dates of communications.

22          Q.   Prior to June 17th, 1997, the date of the  
23       Schering-Upsher agreement, Mr. Audibert hadn't asked to  
24       see any of those hundreds of boxes worth, the 30  
25       pallets worth of boxes on Niacor-SR studies that Upsher

1 had, had he?

2 A. Can you repeat that question?

3 Q. Maybe I can try and rephrase it, make it a  
4 little clearer.

5 Prior to June 17th, 1997, the date of the  
6 Schering-Upsher agreement, Mr. Audibert hadn't asked to  
7 see any of those hundreds of boxes of documents at  
8 Upsher about Niacor-SR, had he?

9 A. They weren't in boxes at that point. They were  
10 as case report forms, and part of the data management  
11 process, they were using those documents actively to  
12 complete all of the data entry, the statistical pieces,  
13 making sure all of that was clean. So, they weren't in  
14 that form at that point in time.

15 Q. Did he ask to see that data before June 17th,  
16 1997, even if it wasn't in boxes yet?

17 A. He wouldn't have asked for that kind of  
18 information.

19 Q. You and Mr. Carney talked earlier today about  
20 telephone conferences with ClinTrials. Is that right?

21 A. ClinTrials, NovaTech Sciences and CSR  
22 Consultants, yes.

23 Q. Those were weekly telephone conferences?

24 A. Yeah, we tried to have them weekly, maybe  
25 missed one or two weeks.

1 Q. Were the telephone conferences still ongoing in  
2 the second half of 1997?

3 A. Yes.

4 Q. Did Schering participate in any of those  
5 teleconferences?

6 A. No.

7 Q. Did Upsher invite Schering to participate in  
8 any of those teleconferences?

9 A. No.

10 Q. Did Upsher -- I'm sorry, did Schering ask to  
11 participate?

12 A. No.

13 Q. Over what period of time were you personally  
14 involved in searching for a license partner for  
15 Niacor-SR?

16 A. That's really hard to put a number on it. I  
17 started working on the presentation and I put the  
18 clinical safety and efficacy presentation together,  
19 either myself or with others helping, I don't know how  
20 long that took. It had to be several months to get all  
21 of that together.

22 Q. You and Ms. O'Neill spent more time in the  
23 search for a licensing partner than anyone else at  
24 Upsher-Smith, did you not?

25 MR. CARNEY: Objection, foundation.

1 THE WITNESS: I don't know.

2 JUDGE CHAPPELL: I'll overrule it. He can  
3 answer that.

4 MS. BOKAT: Do you need the question read back,  
5 sir?

6 THE WITNESS: Sure.

7 (The record was read as follows:)

8 "QUESTION: You and Ms. O'Neill spent more time  
9 in the search for a licensing partner than anyone else  
10 at Upsher-Smith, did you not?"

11 THE WITNESS: I can't answer that. I don't  
12 know what time others spent.

13 BY MS. BOKAT:

14 Q. And you and Ms. O'Neill attended more meetings  
15 with potential licensees on Niacor-SR than anyone else  
16 at Upsher-Smith, did you not?

17 A. Again, I can't answer that, because I can't  
18 speak for others, so I don't know.

19 Q. Well, you and Ms. O'Neill were the only people  
20 at the four meetings with the European companies,  
21 right?

22 A. That is correct.

23 Q. And you, Ms. O'Neill and Ms. Freese were at the  
24 Searle meeting?

25 A. Correct.



1           Q. Was there anyone else from Upsher at that  
2 meeting?

3           A. We had two representatives for Upsher that we  
4 brought in, Dr. Claude Drobnes and Dr. Greg Brown.

5           Q. But Lori Freese, Dr. Brown and Dr. Drobnes  
6 weren't at any of the European meetings.

7           A. That is correct.

8           Q. So, you and Ms. O'Neill went to more meetings  
9 than they did.

10          A. Yes.

11          Q. And no one else from Upsher was at any of those  
12 five meetings, the four European partners and Searle,  
13 right?

14          A. Those specific meetings, correct.

15          Q. And you personally made presentations at all  
16 five of those meetings, correct?

17          A. That is correct.

18          Q. And did Ms. O'Neill make presentations at all  
19 five of those meetings?

20          A. I believe so.

21          Q. You didn't meet with anyone from Schering about  
22 Niacor-SR before June 17th, 1997, did you?

23          A. Not that I can recall.

24          Q. You didn't help prepare anyone at Upsher for  
25 meetings with Schering-Plough about Niacor-SR, did you?

1           A. Not specifically for Schering-Plough, no.

2           Q. You didn't attend any of the negotiation  
3 meetings between Schering-Plough and Upsher-Smith, did  
4 you?

5           A. No, I did not.

6           Q. Was your involvement in the agreement between  
7 Upsher-Smith and Schering-Plough limited to reviewing  
8 how the names of the products appeared in the  
9 agreement?

10          A. Yes.

11           MS. BOKAT: Could I have just a minute, Your  
12 Honor?

13           JUDGE CHAPPELL: Yes.

14           MS. BOKAT: Thank you.

15           (Counsel conferring.)

16           MS. BOKAT: Thank you, Your Honor, that  
17 concludes my cross examination.

18           JUDGE CHAPPELL: Redirect?

19           MR. CARNEY: Yes, Your Honor, just briefly.

20                       REDIRECT EXAMINATION

21           BY MR. CARNEY:

22           Q. Now, if you could turn just for a second to  
23 what is marked CX 962, I think it's the pamphlet you've  
24 got there, and then on the -- what is the third page of  
25 the document, it's that January 15th, 1998 Niacor

1 product update Ms. Bokat was asking you about.

2 Do you see where it says, "Issues, 1, Issues,  
3 project put on hold," and below it there's another 1  
4 that says, "All study reports must be submitted to the  
5 FDA," and then, "This represents a significant amount  
6 of resource hours."

7 Did that refer to work internally or externally  
8 at Upsher -- in connection with Niacor-SR?

9 A. Both.

10 Q. And when you say "both," that's --

11 A. Both the internal resources from Upsher-Smith,  
12 the Clinical Research Department, and then the CROs  
13 that we were working with on the final study reports in  
14 the ISS/ISE. So, ClinTrials, NovaTech and CSR  
15 Consultants.

16 Q. And those conference calls that we looked at  
17 earlier, were they going on at this time?

18 A. Yes, they were.

19 Q. And point 2 below that, "Analytical Method  
20 Development. Action: MDS Harris will complete method  
21 work through method validation."

22 What's that referring to?

23 A. That was one of the two laboratories that we  
24 had competing against each other. MDS Harris was still  
25 working on getting a method completed.

1 Q. And do you recall what was spent on getting  
2 that method validation done at that time?

3 A. We spent a total of \$400,000 to complete all of  
4 the method work.

5 Q. Who do you report to at Upsher-Smith?

6 A. Dr. Mark Robbins.

7 Q. And do you provide any reports or updates to  
8 anyone else at Upsher-Smith?

9 A. Yes, Dr. Robbins had left the company for about  
10 a year and a half time frame, and I reported directly  
11 to Mr. Troup.

12 Q. And as part of your job responsibilities, were  
13 you providing updates in the spring of 1997 regarding  
14 Niacor-SR?

15 A. Yes, I was.

16 Q. And did you provide such updates prior to June  
17 17th?

18 A. Yes, I did.

19 Q. Do you know if your superiors had taken an  
20 interest in Niacor-SR?

21 A. Absolutely --

22 MS. BOKAT: Objection, Your Honor. I think  
23 this goes well beyond the scope of cross.

24 MR. CARNEY: Your Honor, a lot of the questions  
25 were relating to Dr. Halvorsen's involvement with the

1 Schering negotiations and the status of Niacor-SR, and  
2 this is going to who knew what about Niacor-SR in that  
3 time period at Upsher-Smith.

4 JUDGE CHAPPELL: Well, I can remember he was  
5 asked about Niacor on direct and cross, so I'll  
6 overrule it.

7 MR. CARNEY: Could you repeat the question,  
8 please?

9 (The record was read as follows:)

10 "QUESTION: Do you know if your superiors had  
11 taken an interest in Niacor-SR?"

12 THE WITNESS: Absolutely.

13 BY MR. CARNEY:

14 Q. In your testimony when Ms. Bokat was asking you  
15 questions, you mentioned that the FDA was very  
16 pro-niacin. What did you mean by that?

17 A. The FDA really liked niacin, and they wanted to  
18 have a sustained release niacin product out in the  
19 marketplace. It goes back to early meetings we had in  
20 1992 and in 1994, and as time went on, I found out when  
21 Kos had -- was given two indications that they hadn't  
22 even asked for, it really shows me that FDA was very  
23 pro-niacin.

24 Q. I want to shift topics and move to the European  
25 meetings. At those meetings, the representatives of

1 the other companies asked you questions about the  
2 Niacor-SR product?

3 A. Yes, they did.

4 Q. And I think you testified that some of those  
5 questions were about Lp(a)?

6 A. Yes.

7 Q. Is that right?

8 Immediate release versus sustained release  
9 niacin?

10 A. Correct.

11 Q. Questions regarding flushing?

12 A. Correct.

13 Q. Did any of those questions surprise you?

14 A. No.

15 Q. Were those concerns that you would have  
16 expected to have heard at such a meeting?

17 A. Oh, yes. Those were topics that you would  
18 expect from any group looking at the product and  
19 listening to my presentation.

20 Q. And it's correct that they were evaluating your  
21 product at that time, Niacor-SR?

22 A. Yes.

23 Q. In those meetings, were you evaluating them at  
24 all?

25 A. Yes.

1 Q. How were you evaluating them?

2 A. We wanted to see who would be interested in the  
3 product, and you can gauge that by the amount of  
4 questions and the amount of background information that  
5 they've prepared for your presentation, and then also  
6 just looking at what type of markets they were  
7 currently in. If they were in the hyperlipidemia  
8 market already, they were familiar with the marketplace  
9 so they would be able to jump right into it.

10 Q. And then shifting topics again, Mr. Raofield  
11 showed you an e-mail from Marge Garske from August of  
12 '98 referring to archiving. Do you know who did the  
13 internal archiving at Upsher-Smith of the Niacor  
14 documents?

15 A. Marge Garske was our lead person, and then Gina  
16 McClure and Tiea Crane were working on individual  
17 studies, and we put all of that through -- Marge  
18 actually came up with a system to archive it.

19 Q. And do you know how long it took them to do  
20 that archiving?

21 A. Months.

22 Q. Why did it take that long?

23 A. Because there was that much documentation. We  
24 had all of our internal documentation, all of the  
25 ClinTrials documentation, the NovaTech and the CSR

1 Consultants documentation, as well as investigational  
2 information.

3 Q. And did those three individuals have other  
4 responsibilities at that time?

5 A. Their primary activities were to work on the  
6 Niacor-SR activities and to get everything boxed up and  
7 cleaned up. They may have had one other project to  
8 take up a small amount of their time.

9 Q. There's no archiving department or records  
10 department at Upsher-Smith, is there?

11 A. No, there's not. We do it ourselves.

12 MR. CARNEY: No further questions, Your Honor.

13 MR. RAOFIELD: Nothing for Schering, Your  
14 Honor.

15 JUDGE CHAPPELL: Anything further?

16 MS. BOKAT: Just a few.

17 JUDGE CHAPPELL: You may.

18 MS. BOKAT: Thank you, Your Honor.

19 RECROSS EXAMINATION

20 BY MS. BOKAT:

21 Q. Mr. Halvorsen, you mentioned that the FDA was  
22 pro-niacin.

23 A. Yes.

24 Q. Niaspan had the application for the NDA filed  
25 ahead of Niacor-SR, correct?



1 A. Correct.

2 Q. And Niaspan I think you said was approved in  
3 July of 1997?

4 A. Correct.

5 Q. So, that was going to be approved in advance of  
6 Niacor-SR.

7 A. Correct.

8 Q. And that would provide a Niaspan -- a sustained  
9 release Niaspan to the market.

10 A. Yes.

11 MS. BOKAT: Nothing further, Your Honor. Thank  
12 you.

13 JUDGE CHAPPELL: Thank you, Mr. Halvorsen,  
14 you're excused.

15 Who's next?

16 MR. CURRAN: Your Honor, given our  
17 understanding that we were going to conclude at  
18 2:30-2:45 today, that's it for the day as far as  
19 arranged witnesses.

20 JUDGE CHAPPELL: Who's next Tuesday?

21 MR. CURRAN: Who's next on Tuesday?

22 MR. NIELDS: Mr. Audibert, Your Honor.

23 JUDGE CHAPPELL: How many more witnesses do you  
24 have?

25 MR. NIELDS: That's an issue that we will be

1 addressing over the weekend, we hope, Your Honor.

2 There are some things --

3 JUDGE CHAPPELL: So, the number you would give  
4 me now is the biggest number possible, right?

5 MR. NIELDS: All right, the biggest number  
6 possible Ms. Shores is going to pass on to me. In  
7 other words, people on our witness list who have not  
8 yet testified is the number you're about to get.

9 JUDGE CHAPPELL: Okay. And for Upsher?

10 MR. NIELDS: Twelve, Your Honor.

11 JUDGE CHAPPELL: Is that for Schering?

12 MR. NIELDS: Schering.

13 JUDGE CHAPPELL: Okay.

14 MR. CURRAN: Your Honor, I don't have the exact  
15 number, but it's not realistic, because we are  
16 re-examining how many witnesses are necessary, and we  
17 will shorten our list.

18 JUDGE CHAPPELL: Did your list grow, Mr.  
19 Nields? I thought it was ten -- I thought it was ten  
20 the last time I asked.

21 MR. NIELDS: I'm afraid that I have to concede  
22 that I did say -- you said with -- you gave me some  
23 margin of error, and I said in the neighborhood of ten,  
24 and you are correct, that it did grow.

25 JUDGE CHAPPELL: Okay.

1           MR. NIELDS: And it's because of the margin --  
2   I hope you'll give me the margin of error as the  
3   explanation.

4           JUDGE CHAPPELL: Okay, although you're much  
5   better predicting how long your examination is going to  
6   take.

7           MR. NIELDS: Apparently so.

8           JUDGE CHAPPELL: And I think Mr. Kades was off  
9   by four minutes yesterday, you can let him know that,  
10   on his prediction.

11           Then we are adjourned until -- does anybody  
12   want to work Monday?

13           MS. BOKAT: I'll be courageous and say we could  
14   use a day outside the courtroom on Monday. Also, it  
15   may be hard to get people in and out of this building  
16   on a federal holiday.

17           JUDGE CHAPPELL: That's true. I just thought  
18   I'd throw it out there. So, we will take the holiday  
19   off, at least from trial. So, we're adjourned until  
20   Tuesday morning at 9:30. Thanks.

21           (Whereupon, at 2:35 p.m., the hearing was  
22   adjourned.)

23

24

25

## 1 C E R T I F I C A T I O N O F R E P O R T E R

2 DOCKET/FILE NUMBER: 9297

3 CASE TITLE: SCHERING-PLOUGH/UPSHER-SMITH

4 DATE: FEBRUARY 15, 2002

5

6 I HEREBY CERTIFY that the transcript contained  
7 herein is a full and accurate transcript of the notes  
8 taken by me at the hearing on the above cause before  
9 the FEDERAL TRADE COMMISSION to the best of my  
10 knowledge and belief.

11

12 DATED: 2/18/02

13

14

15

16 SUSANNE BERGLING, RMR

17

## 18 C E R T I F I C A T I O N O F P R O O F R E A D E R

19

20 I HEREBY CERTIFY that I proofread the  
21 transcript for accuracy in spelling, hyphenation,  
22 punctuation and format.

23

24

25 DIANE QUADE

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